TITLE 9. HEALTH SERVICES

CHAPTER 6. DEPARTMENT OF HEALTH SERVICES COMMUNICABLE DISEASES

ARTICLE 1. DEFINITIONS

Section

ARTICLE 2. COMMUNICABLE DISEASE REPORTING

Article 2, consisting of Section R9-6-201 and R9-6-202, renumbered from Article 6, Sections R9-6-601 and R9-6-602 effective October 19, 1993 (Supp. 93-4).

Article 2, consisting of Sections R9-6-201 through R9-6-203, renumbered to Article 5, Sections R9-6-501 through R9-6-503 effective October 19, 1993 (Supp. 93-4).

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ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE AND PREVENTABLE DISEASES

Article 3, consisting of Sections R9-6-302 through R9-6-307, R9-6-309 through R9-6-311, R9-6-313, R9-6-315 through R9-6-317, R9-6-319 through R9-6-325, R9-6-327, R9-6-328, R9-6-330 through R9-6-356, and R9-6-358 through R9-6-366, renumbered from Article 7, Sections R9-6-701 through R9-6-746 and R9-6-748 through R9-6-759 effective October 19, 1993 (Supp. 93-4).

Article 3, consisting of Section R9-6-311, repealed (Supp. 91-2).

Section

ARTICLE 4. AIDS DRUG ASSISTANCE PROGRAM (ADAP)

Article 4, consisting of Sections R9-6-401 through R9-6-408, renumbered from Article 8, Sections R9-6-801 through R9-6-808 effective October 19, 1993 (Supp. 93-4).

Article 4, consisting of Sections R9-6-411 through R9-6-419 and R9-6-431 through R9-6-433, repealed effective October 19, 1993 (Supp. 93-4).

ARTICLE 5. RABIES CONTROL

Article 5, consisting of Sections R9-6-501 through R9-6-503, renumbered from Article 2, Sections R9-6-201 through R9-6-203 effective October 19, 1993 (Supp. 93-4).

Article 5, consisting of Sections R9-6-501 through R9-6-506 and Tables 1 and 2, renumbered to Article 7, Sections R9-6-701 through R9-6-706 and Tables 1 and 2 effective October 19, 1993 (Supp. 93-4).

Article 5, consisting of Sections R9-6-501 through R9-6-506 and Tables 1 and 2, adopted effective January 20, 1992 (Supp. 92-1).

Article 5, consisting of Sections R9-6-501 through R9-6-504, repealed effective January 20, 1992 (Supp. 92-1).

ARTICLE 6. TUBERCULOSIS CONTROL

Article 6, consisting of Sections R9-6-601 through R9-6-603, adopted effective October 19, 1993 (Supp. 93-4).

Article 6, Sections R9-6-601 and R9-6-602, renumbered to Article 2, Sections R9-6-201 and R9-6-202, and Article 6, Sections R9-6-602 through R9-6-605 repealed effective October 19, 1993 (Supp. 93-4).

ARTICLE 7. VACCINE-PREVENTABLE DISEASES

Article 7, consisting of Sections R9-6-701 through R9-6-706, renumbered from Article 5 effective October 19, 1993 (Supp. 93-4).

Article 7 renumbered to Article 3 effective October 19, 1993 (Please refer to the individual Sections for the appropriate actions and new locations) (Supp. 93-4).

ARTICLE 8. ASSAULTS ON OFFICERS, FIREFIGHTERS, OR EMERGENCY MEDICAL TECHNICIANS

New Article 8, consisting of Sections R9-6-801 through R9-6-803, made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).

Article 8, consisting of Sections R9-6-801 through R9-6-808, renumbered to Article 4, Sections R9-6-401 through R9-6-408 (Supp. 93-4).

Article 8 consisting of Sections R9-6-801 through R9-6-808 adopted as permanent rules effective May 22, 1989.

Article 8 consisting of Sections R9-6-801 through R9-6-808 readopted as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Article 8 consisting of Sections R9-6-801 through R9-6-808 readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Article 8 consisting of Sections R9-6-801 through R9-6-809 readopted as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 8 consisting of Sections R9-6-801 through R9-6-809 adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Section

ARTICLE 9. HIV-RELATED TESTING

Article 9, consisting of Sections R9-6-901 through R9-6-903 and Exhibits A and B, made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

Section

ARTICLE 1. DEFINITIONS

R9-6-101. Definitions

In this Chapter, unless otherwise specified:

1. "AIDS" means Acquired Immunodeficiency Syndrome.
2. "Approved" means acceptable to the Department.
3. "Authorized Representative" means a person designated by a physician, health care institution administrator, school, preschool, child care center, laboratory, or director of local health agency to perform specific tasks for the prevention, investigation, or reporting of a disease.
4. "Body fluid" means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, blood, or saliva.
5. "Carrier" means an individual with an asymptomatic infection that can be transmitted to a susceptible individual.
6. "Case" means an individual with a clinical syndrome of a communicable disease whose condition is documented:
   a. By laboratory results that support the presence of the causative agent;
   b. By a health care provider's diagnosis based on clinical observation; or
   c. By epidemiologic associations with communicable disease, the causative agent, or its toxic products.
7. "Communicable disease" means an illness caused by an infectious agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly.
8. "Communicable period" means the time during which an infectious agent may be transferred directly or indirectly from an infected person to another person; from an infected animal, arthropod, or vehicle to a person; or from an infected person to an animal.
9. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
10. "Department" means the Arizona Department of Health Services.
11. "Employee" means any paid or volunteer, full or part-time worker at any facility or establishment.
12. "Epidemiologic investigation" means the application of scientific methods to verify a diagnosis, identify risk factors for a disease, determine the potential for spread, institute control measures, and complete requisite communicable disease and case investigation reports.
13. "Food handler" means any employee of a food service establishment who prepares or serves food or who has direct contact with food.

14. "Foodborne/waterborne" means food or water serves as a source for the spread of disease or illness.
15. "HBsAG" means the hepatitis B surface antigen, the outer surface portion of the Hepatitis B Virus which can be detected in the blood of an individual with an active hepatitis B infection or a carrier of hepatitis B.
16. "Health care provider" means a physician, physician assistant, registered nurse practitioner, or dentist.
17. "HIV" means Human Immunodeficiency Virus.
18. "HIV-related test" has the same meaning as in A.R.S. § 36-661.
19. "Isolation" means the separation, during the communicable period, of infected persons or animals from others, so as to limit the transmission of infectious agents.
20. "Local health agency" means a county health department, a public health services district, a tribal health unit, or a United States Public Health Service Indian Health Service Unit.
21. "Outbreak" means an unexpected increase in incidence of a disease.
22. "Physician" means an individual licensed as a doctor of:
    a. Allopathic medicine under A.R.S. Title 32, Chapter 13;
    b. Naturopathic medicine under A.R.S. Title 32, Chapter 14;
    c. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
    d. Homeopathic medicine under A.R.S. Title 32, Chapter 29.
23. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
24. "Quarantine" means the restriction of activities of persons or animals who have been exposed to a case or carrier of a communicable disease during its communicable period.
25. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
26. "Special ventilation" means an air exhaust system which generates negative air pressure within a room and does not recirculate air exiting the room.
27. "Subject" means an individual whose blood or other body fluid has been tested or is to be tested.
28. "Suspect case" means an individual whose medical history, signs, or symptoms indicate that the individual may have or is developing a communicable disease.
29. "Syndrome" means a pattern of signs and symptoms characteristic of a specific disease.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Amended effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-102. Communicable Disease Reporting

In Article 2, unless otherwise specified:

1. "Health care facility" means any hospital, medical clinic, or nursing care facility, whether organized for profit or not.
2. "Medical information" means case, suspect case, carrier and suspect carrier reports; contact and suspect contact reports; and diagnostic information which is reported to the Department or a local health agency.

Historical Note

Adopted effective May 2, 1991 (Supp. 91-2). Former Section R9-6-102 renumbered to R9-6-105, new Section R9-6-102 renumbered from R9-6-106 and amended effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-103. Control Measures for Communicable Diseases

In Article 3, unless otherwise specified:

1. "Airborne precautions" means, in addition to Standard precautions, the use of respiratory protection by susceptible individuals and placement of the case in a negative pressure room.
2. "Barrier" means masks, gowns, gloves, face shields, face masks, or other membranes or filters to prevent the transmission of infectious agents and protect individuals from exposure to blood and body fluids.
3. "Blood bank" means a facility where human whole blood or a blood component is collected, prepared, tested, processed, or stored, or from which human whole blood or a blood component is distributed.
4. "Blood center" means a mobile or stationary facility that procures human whole blood or a blood component that is transported to a blood bank.
5. "Blood component" means any part of a single donor unit of blood separated by physical or mechanical means.
6. "Concurrent disinfection" means the application of disinfective measures to inanimate objects or surfaces after the discharge of blood or body fluids from the body of an infected individual or after the contamination of articles with blood or body fluids.
7. "Contaminated" means to have come in contact with a disease-causing agent or toxin.
8. "Counseling and testing site" means a health facility offering clients HIV counseling and HIV-related testing that meets the standards established in Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Revised Guidelines for HIV Counseling, Testing, and Referral (November 2001), published in Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Pub. No. RR-19, 50 Morbidity and Mortality Weekly Report (November 9, 2001), incorporated by reference, on file with the Department and the Office of the Secretary of State, and available at http://www.cdc.gov/mmwr/ or ftp://ftp.cdc.gov/pub/Publications/mmwr/ or from Centers for Disease Control, 1600 Clifton Road, N.E., Atlanta, GA 30333. This incorporation by reference contains no future editions or amendments.
9. "Disinfection" means killing or inactivating communicable disease causing agents on inanimate objects by directly applied chemical or physical means.
10. "Disinfestation" means any physical, biological, or chemical process to reduce or eliminate undesired arthropod or rodent populations.
11. "Droplet precautions" means, in addition to Standard precautions, the use of a mask when working within three feet of the case.
12. "Drug" means a chemical substance licensed by the United States Food and Drug Administration.
13. "Follow-up" means the practice of investigating and monitoring cases, carriers, contacts, or suspect cases to detect, treat, or prevent disease.
14. "Guardian" means an individual who is invested with the authority and charged with the duty of caring for a minor by a court of competent jurisdiction.
15. "Identified individual" means an individual named by a case as an individual who may have been exposed through sexual contact with the case and for whom a case

provides information that enables the local health agency to locate the individual.
16. "Midwife" has the same meaning as in A.R.S. § 36-751.
17. "Milk bank" means a facility that procures, processes, stores, or distributes human breast milk.
18. "Organ bank" means a facility that procures, processes, stores, or distributes human kidneys, livers, hearts, lungs, or pancreases.
19. "Parent" means a natural or adoptive mother or father.
20. "Plasma center" means a facility where the process of plasmapheresis or another form of apheresis is conducted.
21. "Pupil" means a student attending a school, as defined in A.R.S. § 15-101.
22. "School district personnel" means individuals who work for a school district, as defined by A.R.S. § 15-101, whether within a classroom or other setting and whether as employees, contractors, or volunteers.
23. "Sexual contact" means vaginal intercourse, anal intercourse, fellatio, or cunnilingus.
24. "Standard precautions" means the use of barriers to prevent contact with blood, mucous membranes, nonintact skin, all body fluids, and secretions (except sweat).
25. "Tissue bank" means a facility that procures, processes, stores, or distributes corneas, bones, semen, or other specialized human cells for the purpose of injecting, transfusing, or transplanting the cells into a human body.
26. "Whole blood" means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.

Historical Note
Renumbered from R9-6-107 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-104. Repealed

Historical Note
Renumbered from R9-6-108 and amended effective October 19, 1993 (Supp. 93-4). Section repealed by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-105. Rabies Control
In Article 5, unless otherwise specified:
1. "Animal control agency" means a governmental agency or its designated representative with local responsibility for controlling dogs and cats.
2. "Cat" means an animal of the genus species *Felis domesticus*.
3. "Dog" means an animal of the genus species *Canis familiaris*.
4. "Euthanize" means to put an animal to death painlessly.
5. "Exposed" means bitten by or having direct contact with a rabies susceptible animal.

Historical Note
Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-105 renumbered to R9-6-107, new Section R9-6-105 renumbered from R9-6-102 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2).

R9-6-106. Tuberculosis Control
In Article 6, unless the context otherwise requires:
1. "Approved institution" means a health care facility with a current license to operate pursuant to 9 A.A.C. 10, which has a private room with special ventilation.
2. "State Tuberculosis Control Officer" means a physician, appointed by the Director, with the authority to issue or revoke an Order of Isolation and Quarantine and to deputize a qualified employee of the Department and other governmental agency as a Deputy Tuberculosis Control Officer.
3. "Tuberculosis infection" means the bacteria in *Mycobacteria tuberculosis* complex has spread through the body of a person but is not contagious.
4. "Tuberculosis disease" means the bacteria in *Mycobacteria tuberculosis* complex is causing clinical signs and symptoms and is contagious, unless the bacteria cannot exit the body.

Historical Note
Amended effective June 4, 1980 (Supp. 80-3). Former Section R9-6-112 renumbered and amended as Section R9-6-106 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-106 renumbered to R9-6-102, new Section R9-6-106 adopted effective October 19, 1993 (Supp. 93-4).

R9-6-107. Repealed

Historical Note
Adopted effective September 14, 1990 (Supp. 90-3). Former Section R9-6-107 renumbered to R9-6-103, new Section R9-6-107 renumbered from R9-6-105 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Section repealed by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-108. Renumbered

Historical Note
Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and Paragraph (9) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-104 effective October 19, 1993 (Supp. 93-4).

R9-6-109. Reserved

R9-6-110. Reserved

R9-6-111. Repealed

Historical Note
Corrected Departmental reference in subsection (C) (Supp. 76-5). Amended effective June 4, 1980 (Supp. 80-3. Repealed effective January 28, 1987 (Supp. 87-1).

R9-6-112. Renumbered

Historical Note
Amended effective June 4, 1980 (Supp. 80-3). Former Section R9-6-112 renumbered and amended as Section R9-6-106 effective January 28, 1987 (Supp. 87-1).

R9-6-113. Repealed

Historical Note
Former Section R9-6-113 repealed, new Section R9-6-113 adopted effective June 4, 1980 (Supp. 80-3). Amended paragraph 4, effective January 31, 1983 (Supp. 83-1). Repealed effective January 28, 1987 (Supp. 87-1).

R9-6-114. Repealed

Historical Note
Corrected Departmental reference in subsections (B) and (C) (Supp. 76-5). Former Section R9-6-114 repealed, new Section R9-6-114 adopted effective June 4, 1980 (Supp. 80-3). Repealed effective January 28, 1987 (Supp. 87-1).

ARTICLE 2. COMMUNICABLE DISEASE REPORTING

R9-6-201. Responsibilities for Reporting
Within five business days of diagnosis or treatment, a physician or an administrator of a health care facility or an authorized representative shall submit a communicable disease report to the local health agency unless otherwise specified in this Chapter.

Historical Note
Former Section R9-6-211 renumbered and amended and subsection (C) renumbered from R9-6-212 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-201 renumbered to R9-6-501, new Section R9-6-201 renumbered from R9-6-601, repealed, and a new Section R9-6-201 adopted effective October 19, 1993 (Supp. 93-4).

R9-6-202. Special Reporting Requirements

A. A physician or an administrator of a health care facility, or an authorized representative, shall submit a communicable disease report of a case or a suspect case of the following diseases and conditions within 24 hours of diagnosis to the local health agency by telephone or other equally expeditious means:
1. Botulism,
2. Cholera,
3. Diphtheria,
4. *Haemophilus influenzae* type b: invasive disease,
5. Measles (rubeola),
6. Meningococcal invasive disease,
7. Outbreaks of foodborne/waterborne illness,
8. Pertussis (whooping cough),
9. Plague,
10. Poliomyelitis,
11. Rabies in humans,
12. Rubella (German measles),
13. Tuberculosis diseases; including tuberculosis infection in a child less than 6 years of age,
14. Vancomycin resistant *Staphylococcus aureus,* and
15. Yellow fever.

B. A physician or an administrator of a health care facility, or an authorized representative, shall submit a communicable disease report of a case, suspect case or carrier of the following diseases in a food handler, nursing home caregiver or child care worker within 24 hours of diagnosis to the local health agency by telephone or other equally expeditious means:
1. Amebiasis,
2. Campylobacteriosis,
3. *Escherichia coli* O157:H7 infection,
4. Giardiasis,
5. Hepatitis A or unspecified,
6. Salmonellosis,
7. Shigellosis, and
8. Typhoid fever.

C. An administrator or authorized representative of a school, child care center or preschool shall report by telephone or equally expeditious means within 24 hours of discovery to the local health agency, an outbreak of:
1. Foodborne or waterborne illness,
2. Giardiasis,
3. *Haemophilus influenzae* type b: invasive disease,
4. Hepatitis A,
5. Measles (rubeola),
6. Meningococcal invasive disease,
7. Mumps,
8. Pertussis (whooping cough),
9. Rubella (German measles),
10. Scabies, and
11. Shigellosis.

D. A clinical laboratory director, either personally or through a representative, shall submit to the Department a weekly written or electronic report of the following:
1. Positive laboratory findings for the following communicable disease pathogens:
   a. *Bordetella pertussis*;
   b. *Brucella* sp.;
   c. *Campylobacter sp.*;
   d. *Chlamydia trachomatis*;
   e. *Coccidioides immitis*: culture or serologies;
   f. *Cryptosporidium* sp.;
   g. *Escherichia coli* O157:H7;
   h. Group A *Streptococcus*: isolated from normally sterile site, tissue, or body fluid;
   i. Group B *Streptococcus*: isolated from normally sterile site, tissue or body fluid;
   j. *Haemophilus influenzae*: isolated from normally sterile sites;
   k. Hantavirus;
   l. Hepatitis A Virus (anti HAV-IgM serologies);
   m. Hepatitis B Virus (anti-Hepatitis B core-IgM serologies and Hepatitis B surface antigen serologies);
   n. Hepatitis C Virus (anti-Hepatitis C RIBA, PCR or other confirmatory test);
   o. Hepatitis Delta Virus;
   p. Human Immunodeficiency Virus (HIV) (by culture, antigen, antibodies to the virus, or viral genetic sequence detection);
   q. Human T-cell Lymphotropic Virus type I and II;
   r. *Legionella* sp.: culture or DFA;
   s. *Listeriosis* sp.: culture isolated from normally sterile sites only;
   t. *Mycobacterium tuberculosis* and its drug sensitivity pattern;
   u. *Neisseria gonorrhoeae;*
   v. *Neisseria meningitidis*;
   w. *Plasmodium* sp.;
   x. *Streptococcus pneumoniae* and its drug sensitivity pattern: culture isolated from normally sterile sites only;
   y. *Treponema pallidum* (syphilis);
   z. Vancomycin resistant *Entercoccus;*
   aa. Vancomycin resistant *Staphylococcus aureus*;
   bb. Vancomycin resistant *Staphylococcus epidermidis*;
   cc. *Vibrio* sp.; and
   dd. *Yersinia* sp.

2. Each laboratory finding of a CD_4-T-lymphocyte count of fewer than 200 per microliter of whole blood or a CD_4-T-lymphocyte percentage of total lymphocytes of less than 14 percent.

E. The written or electronic laboratory report shall include:
1. Unless the test result is from anonymous HIV testing as described in R9-6-331, name and, if available, address and telephone number of the patient;
2. Unless the test result is from anonymous HIV testing as described in R9-6-331, date of birth of the patient;
3. Reference number;
4. Specimen type;
5. Date of collection;
6. Type of test;
7. Test results; and
8. Ordering physician's name and telephone number.

F. A clinical laboratory director, or authorized representative, shall submit isolates of the following organisms to the Arizona State Laboratory:
1. *Bordetella pertussis*,
2. *Haemophilus influenzae* from sterile sites only,
3. Group A *Streptococcus* from sterile sites only,
4. *Neisseria meningitidis*,
5. *Salmonella* sp., and
6. Vancomycin resistant *Staphylococcus aureus*.

Historical Note
Renumbered from R9-6-213 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-202 renumbered to R9-6-502, new Section R9-6-202 renumbered from R9-6-602 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 4467, effective December 1, 2002 (Supp. 02-4).

R9-6-203. Communicable Disease Reports

A. The Department shall supply forms which shall be used for written reports of suspected or confirmed disease. The forms shall include:
1. Patient's name, address, telephone number, date of birth, race or ethnicity, gender, and occupation;
2. Disease, date of onset, date of diagnosis, date of laboratory confirmation, and test results; and
3. Name, address, and telephone number of the person or agency making the report.

B. The local health agency shall forward the original copy of the reports to the Department each week, specifying what action, if any, was initiated. The local health agency shall forward to the Department reports of disease in a nonresident of that jurisdiction who is or has been treated in that jurisdiction.

C. Within 30 days of the completion of any outbreak investigation conducted pursuant to this Article, the local health agency shall submit to the Department a written summary of the outbreak investigation to include: a description of the location, the time of notification of the outbreak, how the outbreak was verified, the number of persons reported to be ill, the number of persons estimated at risk for illness, the definition of a case, laboratory evidence collected and results, hypotheses as to how the outbreak occurred, control measures that were implemented, conclusions based upon the results of the investigation, and the recommendations to prevent future occurrences.

Historical Note
Renumbered from R9-6-214 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-203 renumbered to R9-6-503, new Section R9-6-202 adopted effective October 19, 1993 (Supp. 93-4).

R9-6-204. Other Local Health Agency Control Measures

The local health agency shall review communicable disease reports for completeness and accuracy, confirm diagnoses, conduct investigations, facilitate notification of known contacts, conduct surveillance, determine trends, and implement quarantines, isolations, and exclusions.

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4).

R9-6-205. Reserved

R9-6-206. Reserved

R9-6-207. Reserved

R9-6-208. Reserved

R9-6-209. Reserved

R9-6-210. Reserved

R9-6-211. Renumbered

Historical Note
Renumbered to R9-6-201 effective May 2, 1991 (Supp. 91-2).

R9-6-212. Renumbered

Historical Note
Renumbered to R9-6-201(C) effective May 2, 1991 (Supp. 91-2).

R9-6-213. Renumbered

Historical Note
Renumbered to R9-6-202 effective May 2, 1991 (Supp. 91-2).

R9-6-214. Renumbered

Historical Note
Renumbered to R9-6-203 effective May 2, 1991 (Supp. 91-2).

ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE AND PREVENTABLE DISEASES

R9-6-301. Diseases and Conditions Declared Reportable

The following diseases listed below are reportable. The diseases and corresponding Sections of this Article which designate the case control, contact control, environmental control, special control and outbreak control measures, if any for each such reportable disease, are listed below:

R9-6-302.	Amebiasis
R9-6-303.	Anthrax
R9-6-304.	Aseptic meningitis: viral
R9-6-305.	Botulism
R9-6-306.	Brucellosis
R9-6-307.	Campylobacteriosis
R9-6-308.	Chancroid (*Haemophilus ducreyi*)
R9-6-309.	Chlamydia
R9-6-310.	Cholera
R9-6-311.	Coccidioidomycosis (valley fever)
R9-6-312.	Colorado tick fever
R9-6-313.	Conjunctivitis: acute
R9-6-314.	Cryptosporidosis
R9-6-315.	Dengue
R9-6-317.	Diphtheria
R9-6-318.	Ehrlichiosis
R9-6-319.	Encephalitis: viral
R9-6-320.	*Escherichia coli* O57: H7 infection
R9-6-321.	Foodborne/Waterborne illness: unspecified agent
R9-6-322.	Giardiasis

R9-6-323. Gonorrhea
R9-6-324. *Haemophilus influenzae*: Invasive Disease
R9-6-325. Hantavirus Infection
R9-6-326. Hepatitis A
R9-6-327. Hepatitis B and delta virus
R9-6-328. Hepatitis C
R9-6-329.. Hepatitis Non-A, Non-B
R9-6-330. Herpes genitalis
R9-6-331. Human Immunodeficiency Virus (HIV) infection and related disease
R9-6-332. Human T-cell Lymphotropic Virus (HTLV-I/II) type I and II infection
R9-6-333. Legionellosis (Legionnaires' disease)
R9-6-334. Leprosy
R9-6-335. Leptospirosis
R9-6-336. Listeriosis
R9-6-337. Lyme disease
R9-6-338. Malaria
R9-6-339. Measles (rubeola)
R9-6-340. Meningococcal invasive disease
R9-6-341. Mumps
R9-6-343. Pertussis (whooping cough)
R9-6-344. Plague
R9-6-345. Poliomyelitis
R9-6-346. Psittacosis
R9-6-347. Q fever
R9-6-348. Rabies in humans
R9-6-349. Relapsing fever (borreliosis)
R9-6-350. Reye syndrome
R9-6-351. Rocky Mountain spotted fever
R9-6-352. Rubella (German measles)
R9-6-353. Rubella syndrome, congenital
R9-6-354. Salmonellosis
R9-6-355. Scabies
R9-6-356. Shigellosis
R9-6-358. Streptococcal Group A: Invasive Disease
R9-6-359. Streptococcal Group B: Invasive Disease in Infants Less Than 30 Days of Age
R9-6-360. Syphilis
R9-6-361. Taeniasis
R9-6-362. Tetanus
R9-6-363. Toxic shock syndrome
R9-6-364. Trichinosis
R9-6-365. Tuberculosis
R9-6-366. Tularemia
R9-6-367. Typhoid fever
R9-6-368. Typhus fever: flea-borne
R9-6-369. Vancomycin resistant *Entercoccus* sp.
R9-6-370. Vancomycin resistant *Staphylococcus aureus*
R9-6-371. Vancomycin resistant *Staphylococcus epidermidis*
R9-6-372. Varicella (chickenpox)
R9-6-373. Vibrio infection
R9-6-374. Yellow fever
R9-6-375. Yersiniosis

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4).
Amended effective April 4, 1997 (Supp. 97-2).

R9-6-302. Amebiasis
A. Case control measures: The local health agency shall exclude a case from food handling until treatment with an amebicide is completed and two successive negative fecal examinations are obtained from specimens collected 24 hours or more apart.
B. Contact control measures: The local health agency shall exclude contacts with symptoms of amebiasis from working as a food handler until two successive negative fecal examinations for the presence of amoeba are obtained from specimens collected 24 hours or more apart.
C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case regarding handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, the health care provider shall counsel the person responsible for care.
D. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

Historical Note
Renumbered from R9-6-702 and amended effective October 19, 1993 (Supp. 93-4).

R9-6-303. Anthrax
A. Environmental control measures: The local health agency shall provide or arrange for incineration or sterilization by dry heating of contaminated products, products which have been in direct contact with contaminated products, and articles soiled with discharges from lesions.
B. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-703 and amended effective October 19, 1993 (Supp. 93-4).

R9-6-304. Aseptic Meningitis: Viral
Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

Historical Note
Renumbered from R9-6-704 and amended effective October 19, 1993 (Supp. 93-4).

R9-6-305. Botulism
A. Environmental control measures: The person in possession shall discard contaminated food after boiling it for ten minutes. The person in possession shall boil contaminated utensils for ten minutes prior to reuse or disposal.
B. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-705 and amended effective October 19, 1993 (Supp. 93-4).

R9-6-306. Brucellosis
Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-706 and amended effective October 19, 1993 (Supp. 93-4).

R9-6-307. Campylobacteriosis
A. Case control measures: The local health agency shall exclude a case from handling food until a negative stool culture is obtained or until treatment is maintained for 24 hours and symptoms of campylobacteriosis are absent.
B. Contact control measures: The local health agency shall exclude contacts with symptoms of campylobacteriosis from working as a food handler until a negative stool culture is obtained or symptoms are absent.
C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case

about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, the health care provider shall counsel the person responsible for care.

D. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

Historical Note
Former Section R9-6-115, Paragraph (5), renumbered and amended as R9-6-707 effective January 28, 1987 (Supp. 87-1).

R9-6-308. Chancroid (*Haemophilus ducreyi*)

A. Case control measures:
1. A diagnosing health care provider shall prescribe drugs to render a case noninfectious and counsel or arrange for the case to be counseled:
   a. To abstain from sexual contact during drug treatment and for at least seven days after drug treatment is completed; and
   b. About the following:
      i. The characteristics of chancroid,
      ii. The syndrome caused by chancroid,
      iii. Measures to reduce the likelihood of transmitting chancroid to another, and
      iv. The need to notify individuals with whom the case has had sexual contact within a time period determined based upon the stage of the disease; and
2. The local health agency shall conduct an epidemiologic investigation of each reported case, confirming the stage of the disease.

B. Contact control measures: The local health agency shall:
1. Notify each identified individual of exposure;
2. Offer or arrange for treatment of each identified individual; and
3. Counsel each identified individual about the following:
   a. The characteristics of chancroid,
   b. The syndrome caused by chancroid,
   c. Measures to reduce the likelihood of transmitting chancroid to another, and
   d. The need to notify individuals with whom the identified individual has had sexual contact within a time period determined based upon the stage of the disease.

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-309. Chlamydia Infection

A. Case control measures:
1. A diagnosing health care provider shall:
   a. Prescribe drugs to render a case noninfectious,
   b. Counsel or arrange for the case to be counseled to abstain from sexual contact during drug treatment and for at least seven days after drug treatment is completed, and
   c. Counsel or arrange for the case to be counseled about the importance of notifying individuals who may have been exposed through sexual contact of exposure and of the need to seek medical treatment.
2. The Department shall review each case report for completeness, accuracy, and need for follow-up.

B. Contact control measures: If an individual who may have been exposed through sexual contact with a case seeks treatment from the local health agency, the local health agency shall offer or arrange for treatment.

Historical Note
Renumbered from R9-6-708 and amended effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-310. Cholera

A. Case control measures: The local health agency shall exclude a case from handling food, caring for patients, working in or attending a child care center or preschool until two negative fecal examinations have been obtained from specimens collected 24 hours or more apart.

B. Contact control measures: The local health agency shall provide follow-up for five days after exposure. The local health agency shall exclude a contact with symptoms of cholera from handling food, caring for patients, working in or attending a child care center or preschool until two successive negative fecal examinations have been obtained from specimens collected 24 hours or more apart.

C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

D. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-709 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2).

R9-6-311. Coccidioidomycosis (Valley Fever)

Reports: The local health agency shall epidemiologically describe each reported outbreak.

Historical Note
Repealed effective May 2, 1991 (Supp. 91-2). New Section R9-6-311 renumbered from R9-6-710 and amended effective October 19, 1993 (Supp. 93-4).

R9-6-312. Colorado Tick Fever

Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4).

R9-6-313. Conjunctivitis: Acute

A. Case control measures: An administrator or authorized representative of a public or private school, child care center, or preschool shall exclude a case until symptoms subside or treatment for acute conjunctivitis is initiated and maintained for 24 hours.

B. Special control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, the health care provider shall counsel the person responsible for care.

Historical Note
Renumbered from R9-6-711 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2).

R9-6-314. Cryptosporidiosis
Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, the health care provider shall counsel the person responsible for care.

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4).
Amended effective April 4, 1997 (Supp. 97-2).

R9-6-315. Dengue
Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-712 and amended effective October 19, 1993 (Supp. 93-4).

R9-6-316. Diarrhea of Newborn
A. Case control measures: An administrator of a hospital or an authorized representative shall isolate or group cases or suspect cases in a separate area. A health care provider shall use enteric precautions for a hospitalized case.
B. Contact control measures. An administrator of a hospital, or an authorized representative, shall provide follow-up of newborn contacts for a period of two weeks following the date the last case is discharged from the nursery.
C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel the person responsible for care.
D. Special control measures: An administrator of a hospital or an authorized representative shall not admit additional infants to the contaminated area until all exposed infants have been discharged and the nursery has been cleaned and disinfected.

Historical Note
Renumbered from R9-6-713 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2).

R9-6-317. Diphtheria
A. Case control measures: The diagnosing health care provider shall isolate a hospitalized case until either of the following occurs:
1. Two successive negative cultures each from the nose and throat or skin are obtained from specimens collected 24 hours or more apart and 24 hours or more after cessation of treatment, or
2. Fourteen days after initiation of treatment.

B. Contact control measures: The local health agency shall:
1. Exclude contacts from handling food until a negative culture of the nose and throat or skin is obtained.
2. Quarantine household contacts until two successive negative cultures each from the nose and throat or skin have been obtained 24 hours or more apart.
3. Offer previously immunized contacts a vaccine containing diphtheria toxoid.
4. Offer unimmunized contacts the primary vaccine series and treatment.

C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.
D. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-714 and amended effective October 19, 1993 (Supp. 93-4).

R9-6-318. Ehrlichiosis
Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4).

R9-6-319. Encephalitis: Viral
Special control measures: The local health agencies shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-715 and amended effective October 19, 1993 (Supp. 93-4).

R9-6-320. *Escherichia coli* O157:H7 Infection
A. Case control measures: The local health agency shall exclude a case with symptoms of *Escherichia coli* O157:H7 from handling food or attending child care until either of the following occurs:
1. Two successive stool cultures obtained from specimens collected 24 hours or more apart are negative, or
2. Symptoms are absent.

B. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.
C. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

Historical Note
Renumbered from R9-6-716 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-320 renumbered to Section R9-6-321; new Section R9-6-320 adopted effective April 4, 1997 (Supp. 97-2).

R9-6-321. Foodborne/Waterborne Illness: Unspecified Agent
A. Environmental control measures: The local health agency shall conduct or assure that a sanitary inspection is conducted of the water, sewage, or food preparation facilities associated with an outbreak of foodborne/waterborne illness.
B. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

Historical Note
Renumbered from R9-6-717 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-321 renumbered to R9-6-322; new Section R9-6-321 renumbered from R9-6-320 effective April 4, 1997 (Supp. 97-2).

R9-6-322. Giardiasis
A. Case control measures: The local health agency shall exclude a case from handling food or attending a child care center or a preschool, until either of the following occurs:
1. Two negative fecal examinations have been obtained from specimens collected 24 hours or more apart, or
2. Treatment for giardiasis is initiated and the case no longer has symptoms.

B. Contact control measures: The local health agency shall exclude a contact with symptoms of giardiasis from handling food or attending child care centers or preschools until the contact no longer has symptoms.

C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

D. Outbreak control measures: The local health agency shall provide education and consultation regarding prevention and control measures to cases and known contacts.

Historical Note

Renumbered from R9-6-718 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-322 renumbered to R9-6-323; new Section R9-6-322 renumbered from R9-6-321 effective April 4, 1997 (Supp. 97-2).

R9-6-323. Gonorrhea

A. Case control measures:
1. A diagnosing health care provider shall:
   a. Prescribe drugs to render a case noninfectious,
   b. Counsel or arrange for the case to be counseled to abstain from sexual contact during drug treatment and for at least seven days after drug treatment is completed, and
   c. Counsel or arrange for the case to be counseled about the importance of notifying individuals who may have been exposed through sexual contact of exposure and of the need to seek medical treatment.
2. The Department shall review each case report for completeness, accuracy, and need for follow-up.
3. For the prevention of gonorrheal ophthalmia, a health care provider or midwife attending the birth of an infant in Arizona shall treat the eyes of the infant immediately after the birth with one of the following, unless treatment is refused by the parent or guardian:
   a. Erythromycin ophthalmic ointment 0.5%, or
   b. Tetracycline ophthalmic ointment 1%.

B. Contact control measures: If an individual who may have been exposed through sexual contact with a case seeks treatment from the local health agency, the local health agency shall offer or arrange for treatment.

Historical Note

Renumbered from R9-6-719 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-323 renumbered to R9-6-324; new Section R9-6-323 renumbered from R9-6-322 and amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-324. *Haemophilus Influenzae*: Invasive Diseases

A. Reports: A health care provider shall report invasive diseases including meningitis, epiglottitis, bacteremia, pneumonia, septic arthritis, and cellulitis.

B. Case control measures: The diagnosing health care provider shall isolate a hospitalized case for 24 hours following the initiation of treatment.

C. Contact control measures: The local health agency shall evaluate the risk of exposure to contacts and, if indicated, provide or arrange for immunization or treatment.

D. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note

Renumbered from R9-6-720 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-324 renumbered to R9-6-326; new Section R9-6-324 renumbered from R9-6-323, effective April 4, 1997 (Supp. 97-2).

R9-6-325. Hantavirus Infection

Environmental control measures: A local health agency shall provide or arrange for the provision of education on reducing risks of hantavirus infection to the patient.

Historical Note

Renumbered from R9-6-721 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-325 renumbered to R9-6-327; new Section R9-6-325 adopted effective April 4, 1997 (Supp. 97-2).

R9-6-326. Hepatitis A

A. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

B. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak. The local health agency shall evaluate the risk of exposure and, if indicated, provide or arrange for prophylaxis.

C. Special control measures: The local health agency shall:
1. Exclude a case from handling food during the first 14 days of illness or for seven days after the onset of jaundice.
2. Provide follow-up of food handlers who are household contacts with a case or who consumed food prepared by a case during the infectious period for 45 days following the exposure.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former Section R9-6-326 renumbered to R9-6-329; new Section R9-6-326 renumbered from R9-6-324 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-327. Hepatitis B and Delta Hepatitis

A. Case control measures: A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, body organs, sperm, or other tissue from a case, suspect case, or carrier for transfusion or transplantation.

B. Contact control measures: The local health agency shall refer exposed non-immune persons to a physician for prophylaxis and initiation of the hepatitis B vaccine series.

C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, the health care provider shall counsel the person responsible for care.

D. Special control measures:
1. Control of donors: A health care provider or operator of a blood or plasma center shall exclude:
   a. Anyone who has, or has had, hepatitis B or delta hepatitis or demonstrates serologic evidence of having the hepatitis B surface antigen (HBsAg) from donating blood, plasma, sperm, organ, or tissue.
   b. Anyone who has received a transfusion of blood or blood product from donating blood for six months following the transfusion.
2. Control of an infectious health care provider: The local health agency shall evaluate a health care provider who is identified as the source of Hepatitis B Virus transmission in the work place and, if indicated, shall ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated.

3. The local health agency shall conduct or direct an epidemiological investigation of each reported case of hepatitis B or delta hepatitis.
4. Any person operating a blood or plasma center who interprets, as positive, a test for the hepatitis B surface antigen (HbsAg) or hepatitis B core IgM antibodies (HBcAb-IgM), in addition to meeting the reporting requirements specified in R9-6-202 shall, within 30 days of performing the test, notify the person on whom the test was performed.

Historical Note
Renumbered from R9-6-722 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-327 renumbered to R9-6-330; new Section R9-6-327 renumbered from R9-6-325 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-328. Hepatitis C

A. Case control measures: A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, body organs, sperm, or other tissue from a case, suspect case, or suspect carrier for transfusion or transplantation.

B. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the persons responsible for their care.

C. Special control measures: Any person operating a blood or plasma center who interprets, as positive, a test for HCV or antibodies to HCV, shall within 30 days of verifying the final results of the test, notify the person on whom the test was performed.

Historical Note
Renumbered from R9-6-701 and amended effective October 19, 1993 (Supp. 93-4). Former Section R6-6-328 renumbered to R9-6-331; new Section R9-6-328 adopted effective April 4, 1997 (Supp. 97-2).

R9-6-329. Hepatitis Non-A, Non-B

A. Case control measures: A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, body organs, sperm, or other tissue from a case, suspect case, or carrier for transfusion or transplantation.

B. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, the health care provider shall counsel the person responsible for care.

C. Special control measures: Any person operating a blood or plasma center who interprets, as positive, a test for HCV or antibodies to HCV shall, within 30 days of verifying the final results of the test, notify the person on whom the test was performed.

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4). Section R9-6-329 renumbered to R9-6-332; new Section R9-6-329 renumbered from R9-6-326 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-330. Herpes Genitalis

Case control measures: A diagnosing health care provider shall counsel or arrange for a case to be counseled:

1. To abstain from sexual contact until lesions are healed,
2. About available treatment, and
3. About chemoprophylaxis and other measures to prevent transmission.

Historical Note
Renumbered from R9-6-723 and amended effective October 19, 1993 (Supp. 93-4). Section R9-6-330 renumbered to R9-6-333; new Section R9-6-330 renumbered from R9-6-327 effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-331. Human Immunodeficiency Virus (HIV) Infection and Related Disease

A. Case control measures:

1. A health care provider or operator of a blood bank, blood center, plasma center, tissue bank, organ bank, or milk bank shall not use donated blood or blood components, plasma, milk, organs, semen, or other tissue from a case or carrier for transfusion, transplantation, or consumption.
2. A health care provider or operator of a blood bank, blood center, plasma center, tissue bank, organ bank, or milk bank who orders or administers a test for HIV or HIV antibodies and receives a test result that the health care provider or operator interprets as positive for HIV or HIV antibodies shall notify the subject or arrange for the subject to be notified of the test result within 30 days after receiving the test result.
3. A health care provider or operator of a blood bank, blood center, plasma center, tissue bank, organ bank, or milk bank shall provide or arrange for subject counseling at the time of notification that includes the following information:
   a. The characteristics of HIV;
   b. The syndrome caused by HIV and its symptoms;
   c. The measures that are effective in reducing the likelihood of transmitting HIV to another;
   d. The need to notify individuals, including a spouse, with whom the subject has had sexual contact or has shared needles of exposure to HIV; and
   e. The availability of assistance from local health agencies in notifying those individuals described in subsection (A)(3)(d).
4. The local health agency shall conduct an epidemiologic investigation of each reported case or carrier within 30 days after receiving a report. Upon completion of the epidemiologic investigation, the local health agency shall not retain any personal identifying information about the case or carrier.
5. A counseling and testing site supervised by the Department or by a local health agency shall offer anonymous testing. The Department or local health agency shall collect the following epidemiologic information about each individual opting for anonymous testing:
   a. Age,
   b. Race and ethnicity,
   c. Sex,
   d. County of residence, and
   e. HIV-associated risk behaviors.
6. The Department shall confidentially notify an identifiable third party reported to be at risk of HIV infection under A.R.S. § 36-664(K) if all of the following conditions are met:
   a. The Department receives the report of risk in a document that includes the following:
      i. The name and address of the identifiable third party,

ii. The name and address of the individual placing the identifiable third party at risk,
iii. The name and address of the individual making the report, and
iv. The type of exposure placing the identifiable third party at risk;
b. The individual making the report is in possession of confidential HIV-related information; and
c. The Department determines that the information provided in the report is accurate and sufficient to warrant notification of the identifiable third party.

7. As authorized under A.R.S. § 36-136(L), a local health agency shall notify the superintendent of a school district, as defined in A.R.S. § 15-101, in a confidential document that a pupil of the school district is a case or carrier of HIV if the following criteria are met:
a. The local health agency determines by consulting with the Department that the pupil places others in the school setting at risk for HIV infection; and
b. The school district has an HIV policy that includes the following provisions:
i. That a school shall not exclude an infected pupil from attending school or school functions or from participating in school activities solely due to HIV infection;
ii. That the school district shall establish a group to determine on a case-by-case basis whether an infected pupil should be permitted to attend school by considering the risks and benefits to the pupil and to others if the pupil attends school;
iii. That the group described in subsection (A)(7)(b)(ii) shall include the superintendent of the school district, the parents or guardians of a minor pupil, the pupil if the pupil is not a minor or is emancipated, the pupil's physician, and the local health officer, and may include a school administrator, a school nurse, and a teacher or counselor of the pupil;
iv. That school district personnel who are informed of the pupil's HIV infection shall keep that information confidential;
v. That the school district shall provide HIV education programs to pupils, parents or guardians of pupils, and school district personnel through age-appropriate curricula, workshops, or in-service training sessions; and
vi. That school district personnel who handle blood or body fluids shall comply with Elizabeth A. Bolyard et al., Guideline for Infection Control in Health Care Personnel, 1998 (1998), incorporated by reference, on file with the Department and the Office of the Secretary of State, and available from National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161. This incorporation by reference includes no future editions or amendments.

B. Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply with 29 CFR 1910.1030 (1999), as required by A.R.S. § 23-403 and A.A.C. R20-5-602.

Historical Note
Renumbered from R9-6-724 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-331 renumbered to R9-6-334; new Section R9-6-331 renumbered from R9-6-328 effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-332. Human T-cell Lymphotropic Virus (HTLV-I/II) Type I and II Infection

A. Case control measures: A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, milk, body organs, sperm, or other tissue from a case or carrier for transfusion or transplantation.

B. Special control measures: Any person operating a blood or plasma center who interprets as positive a test for the HTLV-I/II shall, in addition to meeting the reporting requirements specified, notify the person on whom the test was performed within 30 days of receiving the final test results.

Historical Note
Renumbered from R9-6-725 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-332 renumbered to R9-6-335; new Section R9-6-332 renumbered from R9-6-329 effective April 4, 1997 (Supp. 97-2).

R9-6-333. Legionellosis (Legionnaires' Disease)

A. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

B. Environmental control measures: The owner of a water, cooling, or ventilation system which is determined to be a source in an outbreak shall disinfect the system before reusing it.

Historical Note
Renumbered from R9-6-726 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-333 renumbered to R9-6-336; new Section R9-6-333 renumbered from R9-6-330 effective April 4, 1997 (Supp. 97-2).

R9-6-334. Leprosy (Hansen's Disease)

A. Contact control measures: The local health agency shall examine household contacts for signs and symptoms of leprosy at 6-12 month intervals for three years after the last contact with an infectious case, or three years after the case becomes noninfectious.

B. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-727 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-334 renumbered to R9-6-337; new Section R9-6-334 renumbered from R9-6-331 effective April 4, 1997 (Supp. 97-2).

R9-6-335. Leptospirosis

Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-728 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-335 renumbered to R9-6-338; new Section R9-6-335 renumbered from R9-6-332 effective April 4, 1997 (Supp. 97-2).

R9-6-336. Listeriosis

Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

Historical Note
Renumbered from R9-6-729 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-336 renumbered to R9-6-339; new Section R9-6-336 renumbered from R9-6-333 effective April 4, 1997 (Supp. 97-2).

R9-6-337. Lyme Disease

Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note

Renumbered from R9-6-730 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-337 renumbered to R9-6-340; new Section R9-6-337 renumbered from R9-6-334 effective April 4, 1997 (Supp. 97-2).

R9-6-338. Malaria

A. Case control measures: A health care provider shall exclude a case from donating blood or plasma for transfusion.

B. Special control measures:

1. Control of a blood donor - The medical director of a blood collection center shall obtain from a prospective blood donor the following information concerning whether the person:
   a. Has or had malaria; or
   b. Has traveled in, visited, or immigrated from an area endemic for malaria; or
   c. Has taken antimalarial drugs.

   The blood collection center shall not draw blood from any person who affirmatively responds to any of the questions or refuses to supply this information.
2. The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note

Renumbered from R9-6-731 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-338 renumbered to R9-6-341; new Section R9-6-338 renumbered from R9-6-335 effective April 4, 1997 (Supp. 97-2).

R9-6-339. Measles (Rubeola)

A. Case control measures: An administrator or authorized representative of a school, child care center, or preschool shall exclude a case from the school, child care center, or preschool and school-sponsored events from the onset of illness through the fourth day after the rash appears. An administrator of a hospital or authorized representative shall isolate a hospitalized case from onset of illness through the fourth day after the rash appears.

B. Contact control measures:

1. Unless able to provide evidence of immunity to measles in accordance with R9-6-703, an administrator or authorized representative of a school, child care center, or preschool shall consult with the local health agency to determine who shall be excluded and the how long they shall be excluded.
2. The local health agency shall provide or arrange for immunization of non-immune individuals within 72 hours of last exposure.

C. Outbreak control measures: An administrator or authorized representative of a school, child care center, or preschool shall consult with the local health agency to determine who shall be excluded and how long they shall be excluded during an outbreak.

D. Special control measures:

1. No employee of any health care facility shall have direct contact with any measles patient, including suspect cases, unless able to provide evidence of immunity to measles.
   a. Evidence of immunity to measles shall consist of:
      i. A record of immunization against measles with two doses of live virus vaccine given on or after the first birthday and one month or more apart; or
      ii. A statement signed by a licensed physician, or a state or local health officer which affirms serologic evidence of having had measles.
   b. Anyone born prior to January 1, 1957 shall be considered to be immune to measles.
2. The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note

Renumbered from R9-6-732 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-339 renumbered to R9-6-342; new Section R9-6-339 renumbered from R9-6-336 and amended effective April 4, 1997 (Supp 97-2).

R9-6-340. Meningococcal Invasive Disease

A. Reports: A report of invasive disease includes meningitis, bacteremia, and septic arthritis.

B. Case control measures: The diagnosing health care provider, an administrator of a hospital, or authorized representative shall isolate a hospitalized case for 24 hours after the initiation of treatment.

C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

D. Contact control measures: The local health agency shall evaluate and, if indicated, provide or arrange for prophylaxis of contacts.

E. Special control measures: The local health agency shall conduct or direct as epidemiologic investigation of each reported case.

Historical Note

Renumbered from R9-6-733 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-340 renumbered to R9-6-343; new Section R9-6-340 renumbered from R9-6-337 effective April 4, 1997 (Supp. 97-2).

R9-6-341. Mumps

A. Case control measures: An administrator or authorized representative of a school, child care center, or preschool shall exclude a case from the school, day care center, or preschool for nine days following the onset of glandular swelling. A health care provider shall use droplet precautions for nine days following the onset of glandular swelling.

B. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

Historical Note

Renumbered from R9-6-734 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-341 renumbered to R9-6-344; new Section R9-6-341 renumbered from R9-6-338 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-342. Pediculosis (Lice Infestation)

A. Reports: An administrator or authorized representative of a public or private school, child care center, or preschool shall report an outbreak of pediculosis.

B. Case control measures: An administrator or authorized representative of a school, child care center, or preschool shall

exclude a case from the school, child care center, or preschool until treatment for pediculosis is initiated.

C. Outbreak control measures: An administrator or authorized representative of a school, child care center, or preschool shall consult with the local health agency to determine who shall be excluded and how long they shall be excluded during an outbreak.

D. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfestation of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

Historical Note

Renumbered from R9-6-735 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-342 renumbered to R9-6-345; new Section R9-6-342 renumbered from R9-6-339 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-343. Pertussis (Whooping Cough)

A. Case control measures: An administrator or authorized representative of a school, child care center, or preschool shall exclude a case from the school, child care center, or preschool for 21 days after the date of onset of the illness, or for five days following the date of initiation of treatment for pertussis. A health care provider shall use droplet precautions for a hospitalized case for five days following the date of initiation of treatment.

B. Contact control measures: The local health agency shall evaluate household contacts for exposure and, if indicated, provide or arrange for prophylaxis.

C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

D. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note

Renumbered from R9-6-736 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-343 renumbered to R9-6-346; new Section R9-4-343 renumbered from R9-6-340 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-344. Plague

A. Case control measures:
1. A hospital shall use droplet precautions for a case of pneumonic plague until three full days of clinically effective antibiotic therapy have been completed.
2. Clothing and personal articles shall be disinfested of fleas with an insecticide approved and labeled for use against fleas.

B. Contact control measures: The local health agency shall provide follow-up of contacts of cases of pneumonic plague for seven days.

C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

D. Special control measures:
1. Persons handling bodies of deceased cases shall observe universal and respiratory precautions.
2. The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note

Renumbered from R9-6-737 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-344 renumbered to R9-6-347; new Section R9-6-344 renumbered from R9-6-341 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-345. Poliomyelitis

A. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

B. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note

Renumbered from R9-6-738 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-345 renumbered to R9-6-348; new Section R9-6-345 renumbered from R9-6-342 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-346. Psittacosis (Ornithosis)

A. Environmental control measures:
1. The local health agency shall cause infected bird populations to be treated or destroyed and any contaminated structures disinfected.
2. The health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

B. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note

Renumbered from R9-6-739 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-346 renumbered to R9-6-349; new Section R9-6-346 renumbered from R9-6-343 effective April 4, 1997 (Supp. 97-2).

R9-6-347. Q Fever

Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note

Renumbered from R9-6-740 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-347 renumbered to R9-6-350; new Section R9-6-347 renumbered from R9-6-344 effective April 4, 1997 (Supp. 97-2).

R9-6-348. Rabies in Humans

A. Case control measures: A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, body organs, sperm or other tissue from a case, suspect case or suspect carrier for transfusion or transplantation.

B. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-741 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-348 renumbered to R9-6-351; new Section R9-6-348 renumbered from R9-6-345 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-349. Relapsing Fever (Borreliosis)
Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-742 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-349 renumbered to R9-6-352; new Section R9-6-349 renumbered from R9-6-346 effective April 4, 1997 (Supp. 97-2).

R9-6-350. Reye Syndrome
Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-743 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-350 renumbered to R9-6-353; new Section R9-6-350 renumbered from R9-6-347 effective April 4, 1997 (Supp. 97-2).

R9-6-351. Rocky Mountain Spotted Fever
Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-744 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-351 renumbered to R9-6-354; new Section R9-6-351 renumbered from R9-6-348 effective April 4, 1997 (Supp. 97-2).

R9-6-352. Rubella (German Measles)
A. Case control measures: An administrator or authorized representative of a school shall exclude a case from the school, child care center, or preschool from the onset of illness through the fourth day after the rash appears. An administrator of a hospital or authorized representative shall isolate a hospitalized case.
B. Outbreak control measures: An administrator or authorized representative of a school, child care center, or preschool shall exclude non-immune persons from the school, child care center, or preschool during an outbreak.
C. Special control measures:
1. No employee of any health care facility shall have direct contact with any rubella patient, including suspect cases, or with any patient who is or may be pregnant unless able to provide evidence of immunity to rubella. Evidence of immunity to rubella shall consist of:
   a. A record of immunization against rubella given on or after the 1st birthday; or
   b. A statement signed by a licensed physician, or a state or local health officer which affirms serologic evidence of having had rubella.
2. The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-745 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-352 renumbered to R9-6-355; new Section R9-6-352 renumbered from R9-6-349 effective April 4, 1997 (Supp. 97-2).

R9-6-353. Rubella Syndrome, Congenital
A. Case control measures: An administrator of a hospital or its authorized representative shall isolate a case under 1 year of age until a negative virus culture is obtained.
B. Special control measures:
1. No employee of any health care facility who is known to be pregnant shall have direct contact with any congenital rubella syndrome patient, including suspect cases, unless able to provide evidence of immunity to rubella in accordance with R9-6-349(C).
2. The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Renumbered from R9-6-746 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-353 renumbered to R9-6-356; new Section R9-6-353 renumbered from R9-6-350 effective April 4, 1997 (Supp. 97-2).

R9-6-354. Salmonellosis
A. Case control measures: The local health agency shall exclude a case with symptoms of salmonellosis from handling food, attending child care, caring for children in child care or preschools, or caring for patients in nursing homes until either of the following occurs:
1. Two successive negative stool cultures are obtained from specimens collected 24 hours or more apart, or
2. Symptoms are absent.
B. Contact control measures: The local health agency shall exclude contacts with symptoms of salmonellosis from working as food handlers until either of the following occurs:
1. Two successive negative stool cultures are obtained from specimens collected 24 hours or more apart, or
2. Symptoms are absent.
C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.
D. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

Historical Note
Renumbered from R9-6-748 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-354 renumbered to R9-6-357; new Section R9-6-354 renumbered from R9-6-351 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-355. Scabies
A. Reports: An administrator or authorized representative of a public or private school, child care center, preschool, or nursing home shall report an outbreak of scabies.
B. Case control measures: An administrator or authorized representative of a public or private school, child care center, preschool, or nursing home shall exclude a case from school, child care center, or preschool or from having direct patient contact until treatment for scabies is initiated.
C. Contact control measures: An administrator or authorized representative of a school, child care center, preschool, or nursing home shall refer a household contact for examination and treatment.
D. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about concurrent sanitary disposal or disinfestation of the clothing and bedding. In the event the case is a child or inca-

pacitated adult, a health care provider shall counsel the person responsible for care.

E. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak, shall provide education and consultation regarding prevention, control, and treatment pursuant to subsections (A), (B), and (C), and, when in a health care facility, shall notify the licensing agency of the outbreak.

Historical Note

Renumbered from R9-6-749 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-355 renumbered to R9-6-358; new Section R9-6-355 renumbered from R9-6-352 effective April 4, 1997 (Supp. 97-2).

R9-6-356. Shigellosis

A. Case control measures:
1. The local health agency shall exclude a case with symptoms of shigellosis from handling food, caring for children in child care centers or preschools, or caring for patients in nursing homes until either of the following occurs:
   a. Two successive negative stool cultures are obtained from specimens collected 24 hours or more apart, and 48 hours or more after discontinuing antibiotics; or
   b. Treatment is maintained for 24 hours and symptoms are absent.
2. The diagnosing health care provider or authorized representative shall counsel a case regarding the importance of proper handwashing to prevent transmission.

B. Contact control measures: The local health agency shall exclude a contact with symptoms of shigellosis from handling food, caring for children in child care centers or preschools, and caring for patients in nursing homes until two successive negative stool cultures are obtained from specimens collected 24 hours or more apart. If either culture is positive, the contact shall be considered a case or carrier.

C. Environmental control measures: The health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

D. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

Historical Note

Former Section R9-6-115, Paragraph (38), renumbered and amended as R9-6-750 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-750 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-356 renumbered to R9-6-360; new Section R9-6-356 renumbered from R9-6-353 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-357. Staphylococcal Skin Disease

A. Case control measures: A hospital shall exclude a case with staphylococcal lesion from providing direct patient care in health care facilities and food handling. A hospital nursery shall isolate a case.

B. Contact control measures: An administrator of a hospital or health care facility, or an authorized representative, shall isolate a case or, during an outbreak, may group cases colonized with the same organism together.

C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

D. Special control measures: In a hospital nursery outbreak, a hospital administrator or authorized representative shall exclude a health care provider from the nursery until the health care provider is examined and found not to carry the epidemic strain or the cases are discharged.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former Section R9-6-357 renumbered to R9-6-361; new Section R9-6-357 renumbered from R9-6-354 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-358. Streptococcal Disease and Invasive Group A Streptococcal Disease

A. Case control measures: The local health agency shall exclude a case with streptococcal lesions or streptococcal sore throat from food handling or attending school or child care for 24 hours after the initiation of treatment for streptococcal disease.

B. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

C. Special control measures: The local health agency shall complete an investigation of each case of invasive group A streptococcal disease using a form provided by the Department.

Historical Note

Former Section R9-6-115, Paragraph (39), renumbered and amended as R9-6-751 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-751 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-358 renumbered to R9-6-362; new Section R9-6-358 renumbered from R9-6-355 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-359. Streptococcal Group B Invasive Disease in Infants Less Than 30 Days of Age

Special control measures: The local health agency shall complete an investigation of each case of invasive group B streptococcal disease using a form provided by the Department.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-752 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-359 renumbered to R9-6-363; new Section R9-6-359 adopted effective April 4, 1997 (Supp. 97-2).

R9-6-360. Syphilis

A. Case control measures:
1. A diagnosing health care provider shall prescribe drugs to render a case noninfectious and counsel or arrange for the case to be counseled:
   a. To abstain from sexual contact during drug treatment and for at least seven days after drug treatment is completed; and
   b. About the following:
      i. The characteristics of syphilis,
      ii. The syndromes caused by syphilis,
      iii. Measures to reduce the likelihood of transmitting syphilis to another, and
      iv. The need to notify individuals with whom the case has had sexual contact within a time period determined based upon the stage of the disease.
2. A case shall obtain serologic testing three months and six months after initiating drug treatment.

3. A health care provider or operator of a blood bank, blood center, plasma center, tissue bank, or organ bank shall not use blood, blood components, sperm, organs, or tissue from a case for injection, transfusion, or transplantation.
4. An operator of a blood bank, blood center, plasma center, tissue bank, or organ bank who interprets as positive a test for the syphilis antigen or antibody shall notify the subject of the test within 30 days after interpreting the test.
5. The local health agency shall conduct an epidemiologic investigation of each reported case, confirming the stage of the disease.

B. Contact control measures: The local health agency shall:
1. Notify each identified individual of exposure;
2. Offer or arrange for serologic testing and treatment of each identified individual; and
3. Counsel each identified individual about the following:
   a. The characteristics of syphilis,
   b. The syndromes caused by syphilis,
   c. Measures to reduce the likelihood of transmitting syphilis to another, and
   d. The need to notify individuals with whom the identified individual has had sexual contact within a time period determined based upon the stage of the disease.

Historical Note
Former Section R9-6-115, Paragraph (40), renumbered and amended as R9-6-753 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-753 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-360 renumbered to R9-6-364; new Section R9-6-360 renumbered from R9-6-356 and amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-361. Taeniasis

A. Case control measures: The local health agency shall exclude a food handler or a student with *Taenia solium* from handling food or attending a child care center until free of infestation.

B. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

Historical Note
Former Section R9-6-115, Paragraph (41), renumbered and amended as R9-6-754 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-754 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-361 renumbered to R9-6-365; new Section R9-6-361 renumbered from R9-6-357 effective April 4, 1997 (Supp. 97-2).

R9-6-362. Tetanus

Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Former Section R9-6-115, Paragraph (42), renumbered and amended as R9-6-755 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-755 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-362 renumbered to R9-6-366; new Section R9-6-362 renumbered from R9-6-358 effective April 4, 1997 (Supp. 97-2).

R9-6-363. Toxic Shock Syndrome

Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Former Section R9-6-115, Paragraph (43), renumbered and amended as R9-6-756 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-756 and amended effective October 19, 1993 (Supp. 93-4). Section R9-6-363 renumbered to R9-6-367; new Section R9-6-363 renumbered from R9-6-359 effective April 4, 1997 (Supp. 97-2).

R9-6-364. Trichinosis

Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Former Section R9-6-115, Paragraph (44), renumbered and amended as R9-6-757 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-757 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-364 renumbered to R9-6-368; new Section R9-6-364 renumbered from R9-6-360 effective April 4, 1997 (Supp. 97-2).

R9-6-365. Tuberculosis

A. Case control measures: A hospital shall isolate a pulmonary or laryngeal case in a room with special ventilation until three sputum smears are negative for acid fast bacilli, treatment for tuberculosis is initiated, and the case is no longer coughing.

B. Contact control measures: Contacts shall be subject to Mantoux tuberculin testing with purified protein derivative (PPD). The local health agency shall arrange for tuberculin skin testing of a contact not known to have tuberculosis infection. If negative, the local health agency shall arrange for a retest three months after the first skin test.

C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

D. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Former Section R9-6-115, Paragraph (4), renumbered and amended as R9-6-758 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-758 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-365 renumbered to R9-6-372; new Section R9-6-365 renumbered from R9-6-361 effective April 4, 1997 (Supp. 97-2).

R9-6-366. Tularemia

A. Case control measures: A hospital shall isolate a case of pneumonic tularemia for 48 hours after the initiation of treatment.

B. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

C. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Former Section R9-6-115, Paragraph (46), renumbered and amended as R9-6-759 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-759 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-366 renumbered to R9-6-374; new Section R9-6-366 renumbered from R9-6-362 effective April 4, 1997 (Supp. 97-2).

R9-6-367. Typhoid Fever

A. Case control measures: The local health agency shall exclude a case from handling food and caring for children in child care centers or preschools until one month or more after the date of onset of the illness and three successive negative stool cultures have been obtained from specimens collected 24 hours or more apart and 48 hours or more after cessation of antibiotic therapy. If one culture is positive, the exclusions shall be enforced until three successive negative stool cultures are obtained from specimens collected one month or more apart, and 12 months or less after the date of onset of the illness. If a positive stool culture is obtained on a specimen collected 12 months or more after onset, the case shall be designated a carrier.

B. Contact control measures: The local health agency shall exclude a contact from handling food and caring for children in child care centers or preschools until two successive negative stool cultures are obtained from specimens collected 24 hours or more apart. If either culture is positive, the contact shall be considered to be a case.

C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

D. Special control measures:

1. A local health officer shall not exclude a carrier from food handling when three negative stool cultures are obtained from specimens collected one month or more apart and no contact is symptomatic during this time. One of the three specimens shall be obtained by purging.
2. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Section R9-6-367 renumbered from R9-6-363 effective April 4, 1997 (Supp. 97-2).

R9-6-368. Typhus Fever: Flea-borne
Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Section R9-6-368 renumbered from R9-6-364 effective April 4, 1997 (Supp. 97-2).

R9-6-369. Vancomycin Resistant *Entercoccus* sp.
Case control measures: An administrator or authorized representative of a hospital or health care facility shall implement contact isolation for patients with suspected vancomycin resistant *Enterococcus* sp.

Historical Note
Adopted effective April 4, 1997 (Supp. 97-2).

R9-6-370. Vancomycin Resistant *Staphylococcus aureus*
Case control measures: An administrator or authorized representative of a hospital or health care facility shall implement contact isolation for patients with suspected vancomycin resistant *Staphylococcus aureus*.

Historical Note
Adopted effective April 4, 1997 (Supp. 97-2).

R9-6-371. Vancomycin Resistant *Staphylococcus epidermidis*
Case control measures: An administrator or authorized representative of a hospital or health care facility shall implement contact isolation for patients with suspected vancomycin resistant *Staphylococcus epidermidis.*

Historical Note
Adopted effective April 4, 1997 (Supp. 97-2).

R9-6-372. Varicella (Chickenpox)
Case control measures: An administrator or authorized representative of a school, child care center, or preschool shall exclude a case from school, child care center, or preschool until lesions are dry and crusted. A hospital shall use airborne precautions for a case.

Historical Note
Section R9-6-372 renumbered from R9-6-365 and amended effective April 4, 1997 (Supp. 97-2).

R9-6-373. Vibrio Infection
Special control measures: The local health agency shall complete an investigation of each case of *Vibrio* infection using a form provided by the Department.

Historical Note
Adopted effective April 4, 1997 (Supp. 97-2).

R9-6-374. Yellow Fever
Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

Historical Note
Section R9-6-374 renumbered from R9-6-366 effective April 4, 1997 (Supp. 97-2).

R9-6-375. Yersiniosis
Special control measures: The local health agency shall complete an investigation of each case of yersinosis using a form provided by the Department.

Historical Note
Adopted effective April 4, 1997 (Supp. 97-2).

ARTICLE 4. AIDS DRUG ASSISTANCE PROGRAM (ADAP)

R9-6-401. Definitions
In this Article, unless otherwise specified:

1. "ADAP" means the AIDS Drug Assistance Program.
2. "AHCCCS" means the Arizona Health Care Cost Containment System.
3. "Applicant" means an individual who submits an application for ADAP to the Department.
4. "Diagnosis" means an identification of a disease by an individual authorized by law to make the identification.
5. "Drug" means a chemical substance determined by the United States Food and Drug Administration to be useful in the treatment of individuals with HIV infection.
6. "Earned income" means payments received by an individual as a result of work performed, including:
   a. Wages,
   b. Commissions and fees,
   c. Salaries and tips,
   d. Profit from self-employment,
   e. Profit from rent received from a tenant or boarder, and
   f. Any other monetary payments received by an individual for work performed.

7. "Family income" means the combined gross earned income and unearned income of all individuals within the family unit.
8. "Family unit" means:
   a. A group of individuals residing together who are related by birth, marriage, or adoption; or
   b. An individual who does not reside with any individual to whom the individual is related by birth, marriage, or adoption.
9. "Outpatient" means in an ambulatory setting.
10. "Poverty level" means the annual income for a family unit of a particular size included in the poverty guidelines updated annually in the Federal Register by the United States Department of Health and Human Services.
11. "Primary care provider" means a physician, registered nurse practitioner, or physician assistant who is treating an applicant or enrolled individual for HIV disease or HIV infection.
12. "Public assistance" means a government program that provides benefits to individuals based on need, such as Aid to Families with Dependent Children, SSI, or non-federally funded general assistance.
13. "Resident" means an individual who has a place of habitation in Arizona and lives in Arizona as other than a tourist.
14. "SSI" means Supplemental Security Income, a program of the Social Security Administration.
15. "Unearned income" means non-gift payments received by an individual that are unrelated to work performed by the individual, including:
    a. Unemployment insurance;
    b. Workers' compensation;
    c. Disability payments;
    d. Social security payments;
    e. Public assistance payments;
    f. Periodic insurance or annuity payments;
    g. Retirement or pension payments;
    h. Strike benefits from union funds;
    i. Training stipends;
    j. Child support payments;
    k. Alimony payments;
    l. Military family allotments or other regular support payments from a relative or other individual not residing in the household;
    m. Investment income;
    n. Royalty payments;
    o. Periodic payments from estates or trusts; and
    p. Any other non-gift monetary payments received by an individual that are unrelated to work performed by the individual and that are not capital gains, lump-sum inheritance or insurance payments, or payments made to compensate for personal injury.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989. Amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Emergency amendment readopted without change effective October 17, 1989 (Supp. 89-4). Amended effective September 19, 1990 (Supp. 90-3). Renumbered from R9-6-801 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-401 renumbered to R9-6-402; new Section R9-6-401 made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-402. Limitations and Termination of Program

ADAP ceases to provide drugs when available funding is exhausted or terminated. ADAP is not an entitlement program and does not create a right to assistance absent available funding.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered from R9-6-802 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-402 renumbered to R9-6-403; new Section R9-6-402 renumbered from R9-6-401 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-403. Eligibility Requirements

A. An individual is eligible to participate in ADAP if the individual:
   1. Applies for enrollment in AHCCCS and possesses one of the following:
      a. A letter from AHCCCS stating that an application for eligibility is pending, or
      b. A letter from AHCCCS denying eligibility;
   2. Has no or inadequate health insurance to cover the cost of the drugs that are or may become available from ADAP on an outpatient basis or is an American Indian or Alaska Native who is eligible for but chooses not to use Indian Health Services;
   3. Has annual family income that is less than or equal to 300% of the poverty level;
   4. Is ineligible for Veterans' Administration benefits;
   5. Has a medical diagnosis of HIV disease or HIV infection; and
   6. Is a resident of Arizona.

B. For purposes of ADAP application, an individual may report annual family income using actual family income for the most recent 12 months or estimated annual family income deter-

mined by multiplying the current monthly family income by 12.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered from R9-6-803 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-403 renumbered to R9-6-404; new Section R9-6-403 renumbered from R9-6-402 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-404. Application Process

An applicant shall submit to the Department the following documents:

1. An application completed by the applicant, on a form provided by the Department, including the following:
   a. The applicant's name, date of birth, and sex;
   b. The applicant's address;
   c. The applicant's telephone number;
   d. The number of individuals in the applicant's family unit;
   e. The applicant's annual family income;
   f. The applicant's social security number;
   g. The applicant's residency;
   h. The applicant's race and ethnicity;
   i. The applicant's employment status;
   j. Whether the applicant is receiving benefits from SSI or AHCCCS;
   k. Whether the applicant is eligible to receive benefits from the Veterans' Administration;
   l. Whether the applicant has health insurance that would pay for drugs and, if so, to what extent;
   m. The applicant's scheduled AHCCCS eligibility appointment date, if any;
   n. A statement by the applicant or the parent or guardian of a minor applicant that:
      i. The information on the form is accurate and complete;
      ii. The applicant does not have health insurance coverage for the requested drugs or is an American Indian or Alaska Native who is eligible for but chooses not to use Indian Health Services;
      iii. The applicant, or the parent or guardian of a minor applicant, understands that eligibility does not create an entitlement; and
      iv. The applicant, or the parent or guardian of a minor applicant, grants permission to the Department to discuss the applicant's application with AHCCCS for purposes of determining AHCCCS eligibility; and
   o. The signature of the applicant or the parent or guardian of a minor applicant and the date of signature;
2. An application completed by the applicant's primary care provider, on a form provided by the Department, including the following:
   a. The applicant's name;
   b. The primary care provider's name and business address, telephone number, and facsimile number;
   c. A statement that the applicant has been diagnosed with HIV disease or HIV infection;
   d. The dates, results, and laboratory names and addresses for the most recent HIV-related tests conducted for the applicant;
   e. Each drug prescribed by the primary care provider for the applicant;
   f. A statement by the primary care provider that the information presented on the application is accurate and complete; and
   g. The signature of the primary care provider and the date of signature;
3. An original prescription signed by the primary care provider for each drug indicated as prescribed on the primary care provider's application;
4. A copy of one of the following:
   a. A letter from AHCCCS stating that an application for eligibility is pending, or
   b. A letter from AHCCCS denying eligibility; and
5. Proof of annual family income, including the following items, as applicable:
   a. The most recent paycheck stub, or a statement from the employer listing gross wages, from each job;
   b. Business records showing net income from self-employment;
   c. A letter describing any monetary award received by a student to cover non-tuition expenses;
   d. A letter describing each public assistance award; and
   e. Documentation showing the amount and source of any other income.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (A) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-804 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-404 renumbered to R9-6-405; new Section R9-6-404 renumbered from R9-6-403 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-405. Enrollment Process

A. The Department shall review each completed application received and determine enrollment based on applicant eligibil-

ity, the date on which the application is completed, and the availability of funds.

B. An applicant shall execute any consent forms or releases of information necessary for the Department to verify eligibility.

C. The time-frames for approving or denying an application are described in R9-6-408.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (B), Paragraph (2) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-805 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-405 renumbered to R9-6-406; new Section R9-6-405 renumbered from R9-6-404 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-406. Continuing Enrollment

A. The Department shall review eligibility every six months after enrollment unless one of the following events occurs within the six-month period to end eligibility:

1. The enrolled individual dies;
2. The enrolled individual stops using the drug or drugs on the advice of a primary care provider;
3. The enrolled individual is determined eligible and enrolled to receive medical services through AHCCCS or another third-party payor other than Indian Health Services;
4. The enrolled individual's annual family income increases to an amount above 300% of the poverty level; or
5. The enrolled individual establishes residency outside Arizona.

B. The enrolled individual or the enrolled individual's primary care provider shall notify the Department within 30 days after any of the events listed in subsection (A) occurs.

C. Before the expiration of each six-month period, the Department shall send each enrolled individual a letter requesting that the enrolled individual submit proof of annual family income and complete and submit a follow-up application form provided by the Department.

1. The enrolled individual shall submit to the Department proof of annual family income as described in R9-6-404(5) and a completed follow-up application form within 30 days after the date of the letter.
2. The completed follow-up application form shall contain the following:
   a. The enrolled individual's name, address, and telephone number;
   b. The enrolled individual's race and ethnicity, date of birth, sex, and social security number;
   c. The enrolled individual's residency;
   d. The number of individuals in the enrolled individual's family unit;
   e. The enrolled individual's employment status;
   f. The enrolled individual's annual family income;
   g. Whether the enrolled individual is receiving benefits from SSI or AHCCCS;
   h. Whether the enrolled individual is eligible to receive benefits from the Veterans' Administration;
   i. Whether the enrolled individual has health insurance that would pay for drugs and, if so, to what extent;
   j. The status of any application made to AHCCCS since the individual's enrollment in ADAP;
   k. A statement by the enrolled individual or the parent or guardian of an enrolled minor individual that:
      i. The information on the form is accurate and complete;
      ii. The enrolled individual does not have health insurance coverage for the requested drugs or is an American Indian or Alaska Native who is eligible for but chooses not to use Indian Health Services;
      iii. The enrolled individual, or the parent or guardian of an enrolled minor individual, understands that eligibility does not create an entitlement; and
      iv. The enrolled individual, or the parent or guardian of an enrolled minor individual, grants permission to the Department to discuss the enrolled individual's follow-up application with AHCCCS for purposes of determining AHCCCS eligibility;
   l. The signature of the enrolled individual or the parent or guardian of an enrolled minor individual and the date of signature; and
   m. After every 24 months of continuous enrollment, a portion of the follow-up application completed by the enrolled individual's primary care provider including the following:
      i. The primary care provider's name and business address, telephone number, and facsimile number;
      ii. A statement by the primary care provider that treatment with the drug or drugs is still appropriate;
      iii. The results and dates of the most recent HIV-related tests for the enrolled individual, if available;
      iv. A statement by the primary care provider that the information presented on the application is accurate and complete; and
      v. The signature of the primary care provider and the date of signature.

D. The Department shall determine continuing enrollment based on the enrolled individual's eligibility and the availability of funds.

E. The time-frames for approving or denying continuing enrollment are described in R9-6-408.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Renumbered from R9-6-806

effective October 19, 1993 (Supp. 93-4). Former Section R9-6-406 renumbered to R9-6-407; new Section R9-6-406 renumbered from R9-6-405 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-407. Distribution Requirements

A. The primary care provider shall write each drug prescription for an applicant or enrolled individual for the quantity of the drug packaged in the original container by the manufacturer.

B. The Department shall purchase a prescribed drug and provide the drug to the enrolled individual's pharmacy in a quantity sufficient to meet the therapeutic regimen prescribed by the enrolled individual's primary care provider.

C. The Department shall provide a drug in original, unopened containers as packaged by the manufacturer.

D. If an enrolled individual changes primary care providers, the original primary care provider shall notify the Department in writing within seven days after the change. The original primary care provider shall provide the following information in the written notice:
1. The name and address of the enrolled individual;
2. The name and business address and telephone number of the new primary care provider; and
3. A release signed by the enrolled individual authorizing the Department to contact and exchange information with the new primary care provider.

E. Failure to comply with subsection (D) may cause an interruption in or termination of support.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Emergency not renewed. Former Section R9-6-808 renumbered as Section R9-6-807, amended, and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (C) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-807 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-407 repealed; new Section R9-6-407 renumbered from R9-6-406 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-408. Time-frames

A. The overall time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Article is provided in Table 1. The applicant or enrolled individual and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.

B. The administrative completeness review time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Article is provided in Table 1 and begins on the date that the Department receives an application.
1. The Department shall send a notice of administrative completeness or deficiencies to the applicant or enrolled individual within the administrative completeness review time-frame.
   a. A notice of deficiencies shall list each deficiency and the information and documentation needed to complete the application.
   b. If the Department issues a notice of deficiencies within the administrative completeness review time-frame, the administrative completeness review time-frame and the overall time-frame are suspended from the date that the notice is issued until the date that the Department receives the missing information from the applicant or enrolled individual.
   c. If the applicant or enrolled individual fails to submit to the Department all of the information and documents listed in the notice of deficiencies within 30 days from the date that the Department sent the notice of deficiencies, the Department shall consider the application or follow-up application withdrawn.
2. If the Department issues an approval to the applicant or enrolled individual during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.

C. The substantive review time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Article is provided in Table 1 and begins as of the date on the notice of administrative completeness.
1. The Department shall send written notification of approval or denial of enrollment or continuing enrollment to the applicant or enrolled individual within the substantive review time-frame.
2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information, unless the Department and the applicant or enrolled individual have agreed in writing to allow the Department to submit supplemental requests for information.
3. If the Department issues a comprehensive written request or a supplemental request for information, the substantive review time-frame and the overall time-frame are suspended from the date that the Department issues the request until the date that the Department receives all of the information requested.
4. The Department shall issue an approval of enrollment or continuing enrollment unless:
   a. The Department determines that the applicant or enrolled individual is ineligible,
   b. The Department does not have funds available to enroll the applicant in or to continue the enrolled individual's enrollment in ADAP,
   c. The Department determines that the applicant or enrolled individual submitted false or inaccurate information to the Department,
   d. The Department determines that the applicant or enrolled individual failed to submit to the Department all of the information requested in a comprehensive or supplemental written request for information within 30 days after the request, or
   e. The Department determines that the enrolled individual failed to submit to the Department proof of annual family income or a completed follow-up application as requested in the letter described in R9-6-406.

D. The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to each applicant or enrolled individual who is denied enrollment or continuing enrollment. The applicant or enrolled individual may file a notice of appeal with the Department within 30 days after receiving the notice of appealable

agency action. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

E. For the purpose of computing time-frames in this Section, the day of the act, event, or default from which the designated period of time begins to run is not included. Intermediate Saturdays, Sundays, and legal holidays are included in the computation. The last day of the period so computed is included unless it is a Saturday, a Sunday, or a legal holiday, in which event the period runs until the end of the next day that is not a Saturday, a Sunday, or a legal holiday.

Table 1. Time-frames (in days)

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Review Time-frame	Substantive Review Time-frame
Application for ADAP Enrollment	A.R.S. § 36-136	52	10	42
Follow-up Application for ADAP Continuing Enrollment	A.R.S. § 36-136	30	10	20

Historical Note
Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Former Section R9-6-809 renumbered as Section R9-6-808, amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-808 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-408 renumbered to R9-6-409; new Section R9-6-408 made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-409. Confidentiality

The Department considers ADAP application materials and all information received or maintained by the Department in connection with ADAP application and subsequent actions to be confidential medical information, as defined in 9 A.A.C. 1, Article 3. The Department shall comply with 9 A.A.C. 1, Article 3 with regard to disclosing these materials and this information.

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former Section R9-6-409 renumbered to R9-6-902; new Section R9-6-409 renumbered from R9-6-408 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

Exhibit A. Renumbered

Historical Note
Exhibit A "Consent for HIV Testing" (English) form adopted effective April 4, 1997 (Supp. 97-2). Exhibit A renumbered to Article 9 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

Exhibit B. Renumbered

Historical Note
Exhibit B "Consentimiento Para la Prueba de VIH" (Consent for HIV Testing-Spanish) form adopted effective April 4, 1997 (Supp. 97-2). Exhibit B renumbered to Article 9 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-410. Renumbered

Historical Note
Adopted effective October 19, 1993 (Supp. 93-4). Section renumbered to R9-6-903 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-411. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-412. Repealed

Historical Note
Correction, adding Historical Note: Amended effective February 25, 1976 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-413. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Amended effective June 4, 1980 (Supp. 80-3). Amended effective January 28, 1987 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-414. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-415. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-416. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-417. Repealed

Historical Note
Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-418. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-419. Repealed

Historical Note
Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-420. Reserved

R9-6-421. Reserved

R9-6-422. Reserved

R9-6-423. Reserved

R9-6-424. Reserved

R9-6-425. Reserved

R9-6-426. Reserved

R9-6-427. Reserved

R9-6-428. Reserved

R9-6-429. Reserved

R9-6-430. Reserved

R9-6-431. Repealed

Historical Note
Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-432. Repealed

Historical Note
Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-433. Repealed

Historical Note
Repealed effective October 19, 1993 (Supp. 93-4).

ARTICLE 5. RABIES CONTROL

R9-6-501. Animals Exposed to a Known Rabid Animal

A. An animal control agency shall manage a dog or cat that has direct contact with a known or suspected rabid animal according to one of the following procedures:
1. Euthanize;
2. Confine in isolation for 180 days under the supervision and control of the county or municipal animal control agency and vaccinate 30 days before release:
   a. If the exposed animal was never vaccinated,
   b. If the exposed animal was vaccinated with a triennial vaccine more than three years before being exposed, or
   c. If the exposed animal was vaccinated with any other vaccine more than a year before being exposed;
3. Revaccinate and confine in isolation for 90 days under the supervision and control of the county or municipal animal control agency, if the animal was vaccinated less than 30 days before being exposed; or
4. Revaccinate within seven days, confine and observe by the owner for 45 days with the approval and supervision of the county or municipal animal control agency under the following circumstances:
   a. If the animal was vaccinated with a triennial vaccine more than 30 days and less than three years before being exposed, or
   b. If the animal was vaccinated with any other vaccine more than 30 days and less than one year before being exposed.

B. The animal control agency shall immediately euthanize, an animal, except a cat, dog, or livestock, exposed to a known rabid animal.

C. The animal control agency shall handle a dog or cat exposed to a suspected rabid animal in the same manner as one exposed to a known rabid animal, except that confinement shall be terminated at such time as it is determined that the biting animal is not rabid. Such determination shall be a negative rabies report from the Department laboratory, or a certificate signed by a veterinarian stating that the suspected animal is no longer showing symptoms of rabies.

D. Livestock shall be handled according to Department of Agriculture rule A.A.C. R3-2-408.

Historical Note
Amended effective December 22, 1976 (Supp. 76-5). Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Corrections, subsections (A), (B) and (C) (Supp. 77-5). Amended effective April 10, 1980 (Supp. 80-2). Former Section R9-6-116 renumbered without change as R9-6-501 effective January 28, 1987 (Supp. 87-1). Section R9-6-501 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-501 renumbered to R9-6-701, new Section R9-6-501 renumbered from R9-6-201 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2).

R9-6-502. Suspect Rabies Cases

A. The animal control agency shall confine, supervise, and control an animal, other than livestock, that shows symptoms of rabies when captured until it dies or a veterinarian determines it is no longer showing symptoms of rabies.

B. Whenever the animal control agency euthanizes a suspected rabid animal, it shall be done in such a way as to avoid damaging the brain, so rabies testing can be performed.

Historical Note
Amended effective December 22, 1976 (Supp. 76-5). Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-117 amended as a permanent rule by adding a new subsection (C) and repealing the former subsections (C), (D) and (E) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-117 renumbered without change as R9-6-502 effective January 28, 1987 (Supp. 87-1). Section R9-6-502 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-502 renumbered to R9-6-702, new Section R9-6-502 renumbered from R9-6-202 and amended effective October 19, 1993 (Supp. 93-4).

R9-6-503. Records Submitted by Enforcement Agents

By April 30 of each year, municipal, county and other animal control agents shall file with the Department a report of activities during the preceding calendar year. The report shall consist of animal control agent activities which include the number of dogs licensed, the number of stray dogs and cats impounded and method of disposition, the number and species of wild animals disposed of, and the number of animal bites reported by species of animal.

Historical Note
Amended effective December 22, 1976 (Supp. 76-5). Correction, this Section shown as amended effective Decem-

ber 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-118 amended as a permanent rule by repealing subsection (C) and renumbering subsections (D) through (I) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-118 renumbered without change as R9-6-503 effective January 28, 1987 (Supp. 87-1). Section R9-6-503 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-503 renumbered to R9-6-703, new Section R9-6-503 renumbered from R9-6-203 and amended effective October 19, 1993 (Supp. 93-4).

R9-6-504. Renumbered

Historical Note

Amended effective December 22, 1976 (Supp. 76-5). Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-119 amended as a permanent rule by repealing subsections (A) and (B), renumbering and amending subsections (C) through (I) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-119 renumbered without change as R9-6-504 effective January 28, 1987 (Supp. 87-1). Section R9-6-504 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-504 renumbered to R9-6-704 effective October 19, 1993 (Supp. 93-4).

R9-6-505. Renumbered

Historical Note

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-505 renumbered to R9-6-705 effective October 19, 1993 (Supp. 93-4).

R9-6-506. Renumbered

Historical Note

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506 renumbered to R9-6-706 effective October 19, 1993 (Supp. 93-4).

Table 1. Renumbered

Historical Note

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506, Table 1 renumbered to R9-6-706 Table 1 effective October 19, 1993 (Supp. 93-4).

Table 2. Renumbered

Historical Note

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506, Table 2 renumbered to R9-6-706, Table 2 effective October 19, 1993 (Supp. 93-4).

ARTICLE 6. TUBERCULOSIS CONTROL

R9-6-601. Reports of Disease and Infection; Tuberculosis Registry

A. A person shall report a case of tuberculosis or a tuberculosis infection in a child under age six in accordance with R9-6-202.

B. The local health agency shall provide the following information to the Department:

1. Medical information regarding all individuals with diagnosed tuberculosis disease in its jurisdiction, regardless of the supervising agency.
2. Medical information regarding individuals suspected of having tuberculosis disease, those exposed to communicable tuberculosis disease, those with tuberculosis infection, and other individuals receiving tuberculosis treatment or services through the local health agency.

C. A register of persons having tuberculosis shall be maintained by the State Tuberculosis Control Officer.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-601 renumbered to R9-6-201, new Section R9-6-601 adopted effective October 19, 1993 (Supp. 93-4).

R9-6-602. Issuance and Enforcement of an Order for Isolation and Quarantine

A. The State Tuberculosis Control Officer, or a deputized qualified employee of the Department or other governmental health agency, may issue or revoke an Order of Isolation and Quarantine.

B. Orders of Isolation and Quarantine pursuant to A.R.S. § 36-714 shall be issued for a period not to exceed 30 days.

C. All persons deputized to issue an Order of Isolation and Quarantine shall send written notice to the State Tuberculosis Control Officer of the issuance of an Order of Isolation and Quarantine within five working days of such issuance. The notice shall include the description of the person quarantined, the basis upon which it is believed or suspected that such person is afflicted with contagious tuberculosis disease and shall include a copy of the issued Order of Isolation and Quarantine.

D. The local health agency shall be responsible for serving Orders of Isolation and Quarantine.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-602 renumbered to R9-6-202, new Section R9-6-601 adopted effective October 19, 1993 (Supp. 93-4).

R9-6-603. Removal of Persons to Another State or Country

A. When a case of communicable tuberculosis disease has financial support from out-of-state, the State Tuberculosis Control Officer, with written assurance of such support, shall furnish the patient with travel expenses and subsistence sufficient for the case to reach such support. The State Tuberculosis Control Officer shall ensure this transfer promotes the welfare of both the care and the state.

B. The State Tuberculosis Control Officer shall designate the method of transportation that best assures the safety of the patient and the public.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4), new Section R9-6-603 adopted effective October 19, 1993 (Supp. 93-4).

R9-6-604. Repealed

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-605. Repealed

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-606. Emergency Expired

Historical Note
Adopted as an emergency effective October 12, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency rule readopted without change effective February 22, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Emergency rule readopted with changes effective July 3, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired.

ARTICLE 7. VACCINE-PREVENTABLE DISEASES

R9-6-701. Definitions

In this Article, unless otherwise specified:

1. "AHCCCS" means the Arizona Health Care Cost Containment System.
2. "Administration of vaccine" means the inoculation of a child with an immunizing agent by an individual authorized by federal or state law.
3. "ASIIS" means the Arizona State Immunization Information System, an immunization reporting system that collects, stores, analyzes, releases, and reports immunization data.
4. "Case" has the same meaning as in R9-6-101.
5. "Catch-up immunization schedule" means the times established in Table 2 for the immunization of a child who has not completed the vaccine series required in Table 1 before entry into a child care or school.
6. "CDC" means the Centers for Disease Control and Prevention.
7. "Charter school" has the same meaning as in A.R.S. § 15-101.
8. "Child" means:
   a. An individual 18 years of age or less, or
   b. An individual more than 18 years of age attending school.
9. "Child care" means:
   a. A child care facility as defined in A.R.S. § 36-881; or
   b. A child care group home as defined in A.R.S. § 36-897.
10. "Child care administrator" means an individual, or the individual's designee, having daily control and supervision of a child care.
11. "Communicable period" means the time during which an individual is capable of infecting another individual with a communicable disease.
12. "Contact person" means an individual who, on behalf of a school or child care and upon request of the Department, provides information to the Department.
13. "Day" means a calendar day, and excludes the:
    a. Day of the act, or event, from which a designated period of time begins to run, and
    b. Last day of the period if a Saturday, Sunday, or official state holiday.
14. "DtaP" means diphtheria, tetanus, and acellular pertussis vaccine.
15. "DTP" means diphtheria, tetanus, and pertussis vaccine.
16. "Enroll" means to accept into a school by the school or into a child care by the child care.
17. "Entry" means the first day of attendance at a child care or at a specific grade level in a school.
18. "Guardian" means an individual appointed by a court of competent jurisdiction to care for a child or the child's property.
19. "Head Start program" means a federally funded program administered under 42 U.S.C. 9831.
20. "Hep A" means hepatitis A vaccine.
21. "Hep B" means hepatitis B vaccine.
22. "Hib" means *Haemophilus influenzae* type b vaccine.
23. "Immunization" has the same meaning as in A.R.S. § 36-671.
24. "Immunization registry" means a storage of immunization data for vaccines.
25. "Immunization registry administrator" means an individual, or the individual's designee, having daily control and supervision of an immunization registry.
26. "IRMS number" means a numeric identifier that the Department issues to a person in ASIIS.
27. "KidsCare" means a federally funded program administered by AHCCCS under A.R.S. § 36-2982.
28. "Kindergarten" means the grade level in a school that precedes first grade.
29. "Laboratory evidence of immunity" has the same meaning as in A.R.S. § 36-671.
30. "Local health agency" has the same meaning as "health agency" in A.R.S. § 36-671.
31. "Local health officer" means an individual or the individual's designee having daily control and supervision of a local health agency.
32. "Medical exemption" means to excuse a child from immunization against a specified disease if the required immunization may be detrimental to the child's health, as determined by a physician.
33. "Medical services" has the same meaning as in A.R.S. § 36-401.
34. "MMR" means measles, mumps, and rubella vaccine.
35. "Outbreak" means an unexpected increase in the incidence of a disease as determined by the Department or local health agency.
36. "Parent" means a biological or legally adoptive mother or father of a child.
37. "Person in loco parentis" means an individual acting in the place of a parent or guardian and exercising the duties, rights, or responsibilities of a parent or guardian.
38. "Physician" has the same meaning as in A.R.S. § 15-871.
39. "Polio" means poliomyelitis vaccine.
40. "Private school" has the same meaning as in A.R.S. § 15-101.
41. "Provider" means an individual who administers a vaccine, or an entity that is responsible for administering a vaccine.
42. "Public school" has the same meaning as "school" in A.R.S. § 15-101.
43. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
44. "Responsible person" means a parent, guardian, or person in loco parentis to a child.
45. "Route of administration" means a method of inoculation with a vaccine.
46. "School" has the same meaning as in A.R.S. § 36-671.
47. "School administrator" has the same meaning as in A.R.S. § 36-671.
48. "Suspect case" has the same meaning as in R9-6-101.

49. "Td" means tetanus and diphtheria vaccine.
50. "Underinsured" means having medical insurance that does not cover all or part of the cost of a vaccination.
51. "Uninsured" means not having medical insurance.
52. "Vaccine" has the same meaning as "biological product" defined in 21 CFR 600.3h (April 1, 2000).
53. "VFC" means Vaccines for Children, a federal program administered by the Department.
54. "VFC PIN number" means a numeric identifier that the VFC issues to a person participating in the VFC.
55. "WIC" means Women, Infants, and Children, a federal program administered by the Department.
56. "WIC administrator" means an individual, or the individual's designee, having daily control and supervision of a WIC.

Historical Note

Former Section R9-6-115, Paragraph (47), renumbered and amended as R9-6-701 effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Former Section R9-6-701 renumbered to Section R9-6-328, new Section R9-6-701 renumbered from R9-6-501 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Former Section R9-6-701 renumbered to R9-6-702; new Section R9-6-701 made by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-702. Required Immunizations for Child Care or School Entry

A. Except as provided in R9-6-706, a school administrator or child care administrator shall:
1. Ensure that a child attending a school or child care has been immunized against each of the following diseases according to Table 1 or Table 2:
   a. Diphtheria;
   b. Tetanus;
   c. Hepatitis A, for a child 2 through 5 years of age in child care in Maricopa County;
   d. Hepatitis B;
   e. Pertussis;
   f. Poliomyelitis;
   g. Measles (rubeola);
   h. Mumps;
   i. Rubella (German Measles); and
   j. *Haemophilus influenzae* type b; and
2. If a child does not have proof of immunization according to Table 1 or Table 2, exclude the child from:
   a. School entry; or
   b. Child care, unless the child is immunized against the diseases listed in subsection (A)(1) within 15 days following entry.

B. Unless exempt according to R9-6-706, a child who has received a first dose of MMR but has not received a second dose of MMR shall:
1. Receive the second dose according to Table 2 and the following:
   a. By September 1, 2002 for a child attending kindergarten through 4th grade or 7th through 9th grade;
   b. By September 1, 2003 for a child attending kindergarten through 5th grade or 7th through 10th grade;
   c. By September 1, 2004 for a child attending kindergarten through 11th grade; and
   d. By September 1, 2005 for a child attending kindergarten through 12th grade; and
2. Be excluded from school entry by a school administrator until the requirements in Table 2 are met.

C. Unless exempt according to R9-6-706, a child who has not completed the three-dose Hep B series specified in Table 1 or 2 shall:
1. Receive the remaining doses according to Table 2 and the schedule in subsection (B)(1)(a) through (B)(1)(d), and
2. Be excluded from school entry by a school administrator until the requirements in Table 2 are met.

D. If the Department receives written notification from the CDC that there is a shortage of a vaccine for a disease listed in subsection (A)(1), or that the CDC is limiting the amount of a vaccine for a disease listed in subsection (A)(1), the Department shall:
1. Provide written notification to each school and child care in this state of the shortage or limitation of the vaccine;
2. Suspend compliance with subsections (A), (B), and (C); and
3. Upon receiving written notification from the CDC that the vaccine is available, notify each school and child care in this state:
   a. That the vaccine is available, and
   b. Of the time by which an individual is required to comply with subsections (A), (B), and (C).

E. The Department shall notify each school and child care in this state that the Department no longer requires compliance with subsections (A), (B), and (C) for a disease listed in subsection (A)(1) if:
1. The disease is declared eradicated by:
   a. The World Health Organization, and
   b. The Advisory Committee on Immunization Practices; and
2. The Department no longer recommends immunization against the disease.

Historical Note

Former Section R9-6-115, Paragraph (1), renumbered and amended as R9-6-702 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-702 renumbered to Section R9-6-302, new Section R9-6-702 renumbered from R9-6-502 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-702 renumbered to R9-6-703; new Section R9-6-702 renumbered from R9-6-701 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-703. Responsibilities of Individuals and Local Health Agencies for Administering Vaccines

A. Upon request of a responsible person, a local health agency shall provide for the immunization of a child against any disease listed in R9-6-702(A)(1).

B. An individual administering a vaccine shall ensure that the dosage and route of administration of each vaccine are provided according to the manufacturer's recommendations.

C. Before administering a vaccine to a child, the individual administering the vaccine shall:
1. Provide the responsible person with the following written information:
   a. A description of the disease,
   b. A description of the vaccine,
   c. A statement of the risks of the disease and the risks and benefits of immunization, and
   d. Contraindications for administering the vaccine; and
2. Obtain a statement signed by the responsible person confirming that the responsible person:

a. Was provided the written information described in subsection (C)(1),
b. Was provided an opportunity to read the written information,
c. Was provided an opportunity to ask questions, and
d. Requests that the designated vaccine be administered to the child.

D. Following the administration of a vaccine, the individual administering the vaccine shall provide written information to the responsible person or, if a child is immunized at school, to the child to give to the responsible person, that includes:
1. The vaccine administered,
2. The reactions to the vaccine that might be expected, and
3. The course of action if a severe reaction occurs.

E. An individual administering a vaccine shall provide a written record as set forth in R9-6-704 to the immunized child or to the responsible person.

Historical Note

Former Section R9-6-115, Paragraph (2), renumbered and amended as R9-6-703 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-703 renumbered to Section R9-6-303, new Section R9-6-703 renumbered from R9-6-503 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-703 renumbered to R9-6-704; new Section R9-6-703 renumbered from R9-6-702 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-704. Standards for Documentary Proof of Immunity

A. An individual may establish proof of immunity to a disease listed in R9-6-702(A)(1) by one of the following:
1. An immunization record that contains:
   a. A child's name;
   b. The child's date of birth;
   c. The type of vaccine administered;
   d. The month and year of each immunization, other than MMR, for a child born before January 1, 2003;
   e. The month, day, and year of MMR immunization for a child born before January 1, 2003;
   f. The month, day, and year of each immunization for a child born on or after January 1, 2003; and
   g. The name of the individual administering the vaccine or the name of the entity that the individual administering the vaccine represents;
2. Laboratory evidence of immunity;
3. An Arizona school immunization record that includes:
   a. The child's name;
   b. The child's date of birth;
   c. The grade of the child on the date of enrollment;
   d. Whether the child is male or female;
   e. The type of vaccine administered;
   f. The month and year of each immunization, other than MMR, for a child born before January 1, 2003;
   g. The month, day, and year of MMR immunization for a child born before January 1, 2003;
   h. The month, day, and year of each immunization for a child born on or after January 1, 2003;
4. A school immunization record from another state;
5. An electronic version of the child's immunization record containing the information in subsection (A)(1) generated by an immunization registry, and signed and dated by any of the following:
   a. A local health officer,
   b. A school administrator,
   c. A child care administrator,
   d. A WIC administrator, or
   e. An immunization registry administrator or immunization registry administrator's designee;
6. An electronic version of the child's immunization record generated by a school, signed and dated by the school administrator or the school administrator's designee, and containing the information in subsection (A)(1); or
7. A statement of immunity as described in subsection (B).

B. A physician, the physician's designee, or a registered nurse practitioner may sign a statement of immunity stating that a child is immune to a disease, but shall not sign a statement of immunity to measles or rubella without obtaining serologic evidence of immunity.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-704 renumbered to Section R9-6-304, new Section R9-6-704 renumbered from R9-6-504 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-704 renumbered to R9-6-705; new Section R9-6-704 renumbered from R9-6-703 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-705. Responsibilities of Schools and Child Care

A. Except as provided in R9-6-706, a school administrator or a child care administrator shall ensure that an immunization record for each child attending a school or child care is maintained at the school or child care and contains the applicable documentary proof of immunity listed in R9-6-704.

B. If a child does not meet the requirements for immunization according to Table 1 or Table 2 or requirements for exemption from immunization according to R9-6-706, a school administrator shall:
1. Not allow the child to enter the school, or
2. If the child is already attending the school, remove the child from school as authorized by A.R.S. § 15-872.

C. If a child does not meet the requirements for immunization according to Table 1 or Table 2 or requirements for exemption from immunization according to R9-6-706, a child care administrator shall notify the responsible person in writing at the time of entry that:
1. The child may attend the child care for not more than 15 days from the date of the notification; and
2. If the child is not immunized by the 15th day following notification, the child is not permitted to attend the child care.

D. A school administrator or child care administrator shall determine that a child is in compliance with an immunization requirement in this Article for a specific disease if:
1. The child's immunization record contains proof of immunity required in R9-6-704, and the child has received the required immunizations according to Table 1 or Table 2; or
2. A responsible person has submitted to the school or child care documentation of an exemption from immunization according to R9-6-706.

E. At the time of enrollment, if a child's immunization record is not available, does not contain proof of immunity required in R9-6-704, or does not contain proof of an exemption according to R9-6-706, a school administrator or school administrator's designee, or a child care administrator shall notify the responsible person:
1. That the child is not in compliance with immunization requirements;
2. In writing, that:
   a. For the child enrolling in a school, all immunizations are required to be completed according to

Table 1 or Table 2 and proof provided to the school before entry; or

b. For the child enrolling in a child care, all immunizations required in Table 1 or Table 2 are required to be completed and proof provided to the child care within 15 days of the notification; and

3. In writing, that the responsible person is required to send the child to a physician or local health agency to obtain written proof of immunization before entry.

F. If a school administrator or a child care administrator questions the accuracy of a child's immunization record and is unable to verify the accuracy of the immunization record, the school administrator or the child care administrator shall notify, in writing, the responsible person:

1. That the responsible person is required to send the child to a physician or local health agency to review the child's immunization history and provide immunizations as needed;
2. For a child attending a school, that the child is not allowed to return to school until the child's immunization record meets the standards of documentary proof in R9-6-704 and is presented to the school; and
3. For a child attending a child care, that beginning 15 days following the notification, the child is not allowed to attend the child care, unless the child's immunization record meets the standards of documentary proof in R9-6-704 and is presented to the child care.

G. A school administrator or child care administrator shall maintain a list that contains the name of each child who:

1. Is exempt from providing proof of immunity according to R9-6-706, or
2. Has not provided proof of immunity in compliance with R9-6-704.

H. A school administrator or child care administrator shall not allow a child who lacks proof of immunity against a disease listed in R9-6-702(A) to attend the school or child care during an outbreak of the disease for which the child lacks proof of immunity. The Department or local health agency shall determine the start and termination of an outbreak.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-705 renumbered to Section R9-6-305, new Section R9-6-705 renumbered from R9-6-505 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-705 renumbered to R9-6-706; new Section R9-6-705 renumbered from R9-6-704 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-706. Exemptions to Immunizations

A. A child who has reached a 5th birthday is exempt from the Hib immunization requirement.

B. A child who has reached a 7th birthday is exempt from the pertussis immunization requirement.

C. A child who submits laboratory evidence of immunity to a disease to a school or child care is not required to be immunized against that disease as a condition for school or child care entry.

D. A child attending a school, who submits documentary proof of exemption from immunization for personal beliefs that contains the information in A.R.S. § 15-873(A)(1), is exempt from the immunization requirements in this Article.

E. A child attending child care, who submits a written document for exemption from immunization that contains the child's name, the child's date of birth, a statement that the exemption is based upon religious beliefs, and the responsible person's signature is exempt from the immunization requirements in this Article.

F. If a medical exemption is obtained, a physician shall identify each vaccine that is exempted.

1. The physician shall designate the exemption as either permanent or temporary.
2. If designated as a permanent medical exemption, the medical exemption lasts indefinitely.
3. If designated as a temporary medical exemption, a physician shall specify the date of termination of the temporary medical exemption.
   a. A school or child care shall allow a child with a temporary medical exemption to attend school or child care until the exemption terminates.
   b. A school administrator or a child care administrator shall notify the responsible person in writing of the date by which the child is required to complete all immunizations for which the child has a temporary medical exemption.

G. A school administrator or child care administrator shall record an exemption on the child's immunization record.

Historical Note

Former Section R9-6-115, Paragraph (3), renumbered and amended as R9-6-706 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-706 renumbered to Section R9-6-306, new Section R9-6-706 renumbered from R9-6-506 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former Section R9-6-706 renumbered to R9-6-707; new Section R9-6-706 renumbered from R9-6-705 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

Table 1. Renumbered

Historical Note

Adopted effective January 20, 1992 (Supp. 92-1). Article 7, Table 1 renumbered from Article 5, Table 1 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Table 1 renumbered to follow R9-6-707 by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

Table 2. Renumbered

Historical Note

Adopted effective January 20, 1992 (Supp. 92-1). Article 7, Table 2 renumbered from Article 5, Table 2 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Table 2 renumbered to follow R9-6-707 by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-707. Required Reports

A. By November 15 of each year, a school administrator shall submit a report to the Department or local health agency on a form provided by the Department that contains:

1. The name and address of the school;
2. An identification of whether it is a public school, private school, or charter school;

3. The name, telephone number, and fax number of a contact person;
4. The name and district number of the school district, if applicable;
5. The county the school is located in;
6. Each grade taught at the school;
7. The number of children enrolled at the school in designated grades as of the date of the report;
8. The number of children with documentary proof of immunization status, including the number of children who are in each of the following categories:
   a. Have received each immunization required for their age,
   b. Have a medical exemption,
   c. Are exempt for personal beliefs according to A.R.S. § 15-873, and
   d. Have submitted laboratory evidence of immunity as defined in A.R.S. § 36-671, and
9. The number of doses received per child of each vaccine required in Table 1.

B. If requested by the Department or local health agency, a school administrator or child care administrator shall provide the following outbreak, case, or suspect case information:
1. Immunization information in R9-6-704;
2. Attendance information specifying each date each child was present at the school or child care during the communicable period; and
3. Any other information relating to the outbreak, case, or suspect case that is requested by the Department or local health agency.

C. A school administrator that has an individual authorized by law to administer vaccines and receives vaccines provided by the Department shall:
1. Prepare a report on a form provided by the Department each calendar month that contains:
   a. A VFC PIN number;
   b. The provider name or business name, address, telephone number, and fax number;
   c. The beginning date and end date of the report;
   d. The number of children immunized during the preceding calendar month;
   e. The age and date of birth of each child immunized during the preceding calendar month;
   f. Whether each child immunized during the preceding calendar month is:
      i. Covered by KidsCare;
      ii. Covered by AHCCCS;
      iii. Uninsured;
      iv. A Native American or an Alaskan native;
      v. Underinsured; and
      vi. Non-VFC eligible, if applicable;
   g. The number of doses of each vaccine administered during the preceding calendar month; and
   h. The manufacturer, manufacturer's lot number, and expiration date of each vaccine listed in Table 1 that was administered during the preceding calendar month; and
2. Send the report required in subsection (C)(1) by the fifth day of the following month to:
   a. The local health agency, if the vaccine was provided by the local health agency; or
   b. The Department, if the vaccine was provided by the Department.

D. By November 15 of each year, a child care administrator shall submit to the Department or local health agency a report on a form provided by the Department that contains:
1. The name, mailing address, and telephone number of the child care;
2. The date of the report;
3. The name of a contact person;
4. The Department license or certificate number of the child care, if applicable;
5. The name of the child care administrator;
6. Whether the children are in child care;
7. Whether the children in child care are in a Head Start program;
8. The number of children attending the child care who were less than 5 years of age as of October 1; and
9. The number of children less than five years of age as of October 1 for whom the child care has immunization records on file specifying the number of children who are in each of the following categories:
   a. Have received each immunization required for their age;
   b. Have medical exemptions;
   c. Are exempt for religious beliefs according to the rules in 9 A.A.C. 5 regulating child care facilities or child care group homes; and
   d. Have submitted laboratory evidence of immunity.

E. In addition to the report required in subsection (D), by November 15 of each year, a child care administrator shall submit to the Department or local health agency a report on a form provided by the Department that contains:
1. The information in subsection (D)(1) through (D)(4),
2. The information in subsection (D)(6), and
3. For each child less than 5 years of age as of October 1:
   a. The birth date of the child;
   b. How many doses of each vaccine listed in Table 1 the child has received;
   c. For each vaccine listed in Table 1 except MMR, the month, day, and year of the most recent immunization;
   d. For MMR, the month, day, and year of each immunization; and
   e. Whether each child has a medical or religious exemption.

F. By March 30 of each year, a local health officer shall forward to the Department the information contained in the reports received by the local health agency according to subsections (A) and (D).

G. A local health officer who receives and distributes vaccine provided by the Department shall submit to the Department the report required in subsection (C) every calendar month.

H. As required by A.R.S. § 36-135, a health care professional licensed according to A.R.S. Title 32 shall report each vaccine administered to each child as follows:
1. If reporting by mail or fax, the health care professional shall use a form supplied by the Department, and provide the following:
   a. All information required in A.R.S. § 36-135(B);
   b. IRMS number; and
   c. VFC PIN number, if applicable;
2. If reporting by telephone, the health care professional shall report all information in subsection (H)(1) between 8:00 a.m. and 5:00 p.m., Monday through Friday, except state holidays, by calling a telephone number provided by the Department for this purpose; and
3. If reporting electronically, the health care professional shall:
   a. Confirm with ASIIS that the computer system meets the technical specifications required by ASIIS;

b. Connect to ASIIS by modem or submit to the Department a 3 1/2" diskette with the required information in subsection (H)(1); and
c. If using a software program that is not provided by ASIIS, provide all the required information in an American Standard Character Information Interchange delimited format.

I. A physician or an authorized designee, shall submit a written report to the Department of all patients who receive post-exposure rabies prophylaxis. The report shall include:
1. Name, age, address, and telephone number of the person exposed;
2. Date of report;
3. Reporting institution or physician;
4. Date of exposure;
5. Body part exposed;
6. Type of exposure: Bite or saliva contact (non-bite);
7. Species of animal;
8. Animal disposition: quarantined, euthanized, died, unable to locate;
9. Animal rabies test results if any: positive or negative;
10. Treatment regimen; and
11. Date treatment was initiated.

Historical Note

Former Section R9-6-115, Paragraph (5), renumbered and amended as R9-6-707 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-307 effective October 19, 1993 (Supp. 93-4). Adopted effective April 4, 1997 (Supp. 97-4). Former Section R9-6-707 renumbered to R9-6-708; new Section R9-6-707 renumbered from R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

Table 1. Immunization Requirements for Child Care or School Entry

Age at Entry	Number of Doses of Vaccine Required	Special Notes and Exceptions
<2 months	1 Hep B	(See Note 1)
2 through 3 months	1 DTP or DTaP 1 Polio 1 Hib 1 Hep B	 (See Note 1)
4 through 5 months	2 DTP or DTaP 2 Polio 2 Hib 2 Hep B	 (See Note 1)
6 through 11 months	3 DTP or DTaP 2 Polio 3 Hib 2 Hep B	 (Hib exception - See Note 2 for a child 7 months through 59 months of age.) (See Note 1)
12 through 14 months	3 DTP or DTaP 3 Polio 1-4 Hib 1 MMR 3 Hep B	 (See Note 2) (See Note 3) (See Note 1)
15 through 59 months	4 DTP or DTaP 3 Polio 1-4 Hib 1-2 MMR 3 Hep B	 (See Note 2) (See Note 3) (See Note 1)
2 through 5 years (Only required for Maricopa County child care)	2 Hep A	(See Note 4)

Kindergarten or 1st grade entry 4 through 6 years	5 DTP or DTaP	Exception - A 5th dose is not required if the 4th dose of diphtheria-tetanus containing vaccine was received after the 4th birthday.
	4 Polio	Exception - A 4th dose is not required if the 3rd dose of polio was received after the 4th birthday.
	2 MMR	(See Note 3) A child entering school shall receive a 2nd dose, 1 month or more after the date of the 1st dose.
	3 Hep B	
7 years or older	5 DTP, DTaP, or any combination of DTP and Td	Exception - A 5th dose is not required if the 4th dose of diphtheria-tetanus containing vaccine was received after the 4th birthday. Exception - If started on or after the 7th birthday, a minimum of 3 doses of a tetanus-diphtheria containing vaccine is required. A child shall receive a Td dose if 10 years or more have passed since the date of the last dose of tetanus-diphtheria containing vaccine.
	4 Polio	Exception - A 4th dose is not required if the 3rd dose of polio was received after the 4th birthday. (See Note 5)
	1-2 MMR	(See Note 3)
	Hep B	A child entering school shall receive the Hep B series according to Note 1.

1. A child shall receive the 1st dose of Hep B according to R9-6-702(C), or no later than 15 days following child care entry. A child shall receive the 2nd dose of Hep B 4 weeks or more after the date of the 1st dose. A child who is 6 months of age or older shall receive the 3rd dose 2-5 months after the date of the 2nd dose and 4 months or more after the date of the 1st dose. For a child 11-15 years of age who receives the optional Merck Recombivax HB Adult Formulation vaccine, only 2 doses are required 4 or more months apart.
2. The recommended schedule for 4 dose Hib vaccine is 2, 4, and 6 months of age with a booster dose at 12-15 months of age. The optimal schedule for 3 dose Hib vaccine is 2 and 4 months of age with a booster dose at 12 -15 months of age. There shall be a minimum interval of 4 weeks between each of the first 3 doses. A child shall receive a booster dose no earlier than 12 months of age and no earlier than 8 weeks after the previous dose. A child who starts the Hib series after 7 months of age may be required to complete a full 3 or 4 dose series. A child who starts Hib at 15 months of age or older shall receive 1 dose at 15-59 months of age.
3. A child who is 12 months of age or older, shall receive measles, mumps, and rubella vaccines as individual antigens or as a combined MMR vaccine. A child shall receive the 1st dose of MMR before school entry, or no later than 15 days following child care entry. A child who is 4 years of age or older and who is entering school shall receive a 2nd dose of MMR according to R9-6-702(B), and 1 month or more after the date of the 1st dose.
4. A child who is 2 through 5 years of age shall receive the 1st dose of hepatitis A vaccine no later than 15 days following child care entry in Maricopa County. A child shall receive a 2nd dose 6 months following the date of the 1st dose.
5. Polio vaccine is not required for individuals 18 years of age or older.

Historical Note

Table 1 renumbered from placement after R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

Table 2. Catch-up Immunization Schedule for Child Care or School Entry

Vaccine	Dose	Time Intervals, Special Notes, and Exceptions
1. Diphtheria, Tetanus, and Pertussis a. For a Child Younger Than 7 Years of Age: DTP or any combination of DTP or DTaP	1st	A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry, or no later than 15 days following child care entry.
	3rd	If 4 weeks or more have passed since the date of the 2nd dose, a child shall receive the 3rd dose before continued attendance at school, or no later than 15 days following continued attendance at child care.
	4th	If 6 months or more have passed since the date of the 3rd dose, a child shall receive the 4th dose before continued attendance at school, or no later than 15 days following continued attendance at child care.
	5th or more	A child shall receive a 5th dose before continued attendance at school, or no later than 15 days following child care entry. Exception - A 5th dose is not required if the child received the 4th dose after the child's 4th birthday.
b. For a Child 7 Years of Age and Older: Tetanus and Diphtheria containing vaccine (Td) (Pertussis not indicated)	1st	A child shall receive a 1st dose before school entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry.
	3rd	If 6 months or more have passed since the date of the 2nd dose, a child shall receive the 3rd dose before school entry.
2. Polio	1st	(See Note 1 below.) A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry, or no later than 15 days following child care entry.
	3rd	If 4 weeks or more have passed since the date of the 2nd dose, the child shall receive the 3rd dose before school entry, or no later than 15 days following child care entry.
	4th	If 8 weeks or more have passed since the date of the 3rd dose, the child shall receive the 4th dose before school entry. Exception - A 4th dose is not required if the 3rd dose was received after the 4th birthday.

3. MMR – Measles, Mumps, Rubella	1st	A child who is 12 months of age or older shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	(See Note 3 below.) If 1 month or more has passed since the date of the 1st dose, a child who is 4 years of age or older shall receive the 2nd dose before school entry.
4. Hib - *Haemophilus influenzae* type b (Not required for individuals aged 5 years of age and older.)	1st through 4th	A child who is younger than 5 years of age shall receive a dose no later than 15 days following child care entry. (See Note 2 below.)
5. Hep B – Hepatitis B	1st	(See Note 4 below.) A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry, or no later than 15 days following child care entry.
	3rd	If 2 months or more have passed since the date of the 2nd dose, and 4 months or more have passed since the date of the 1st dose and the child is at least 6 months of age, a child shall receive the 3rd dose before school entry, or no later than 15 days following child care entry. Exception - A child who is 11 through 15 years of age who is receiving the Merck Recombivax HB Adult Formulation vaccine is not required to receive a 3rd dose.
6. Hep A – Hepatitis A Only required for Maricopa County child care	1st	A child who is 24 through 71 months of age shall receive the 1st dose no later than 15 days following child care entry.
	2nd	If 6 months or more have passed since the date of the 1st dose, a child shall receive the 2nd dose no later than 15 days following child care entry.

1. Polio vaccine is not required for individuals 18 years of age or older.
2. A child who begins the Hib series at 7 months of age or older shall receive Hib according to the following schedule:

Current Age (months)	Prior Immunization History	Recommended Regimen
7-11	1 dose	1 dose at 7-11 months of age and a booster at least 2 months later at 12-15 months of age
7-11	2 doses	1 dose at 7-11 months of age and a booster at least 2 months later at 12-15 months of age
12-14	1 dose before 12 months	2 doses administered at least 2 months apart
12-14	2 doses before 12 months	1 dose
15-59	Any incomplete schedule	1 dose

3. According to the schedule in R9-6-702(B), a child shall receive the 2nd MMR before entering school.
4. According to the schedule in R9-6-702(B), a child shall receive the hepatitis B series before entering school or no later than 15 days following child care entry.

Historical Note

Table 2 renumbered from placement after R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-708. Release of Immunization Information

In addition to the persons who have access to immunization information according to A.R.S. § 36-135(D) and consistent with the limitations in A.R.S. § 36-135(E) and (H), the Department may release immunization information to:

1. An authorized representative of a state or local health agency for the control, investigation, analysis, or follow-up of disease;
2. A child care administrator, to determine the immunization status of a child in the child care;
3. An authorized representative of WIC, to determine the immunization status of children enrolled in WIC;
4. An individual or organization authorized by the Department, to conduct medical research to evaluate medical services and health related services, health quality, immunizations data quality, and efficacy; or
5. An authorized representative of an out-of-state agency, including a state health department, local health agency, school, child care, health care provider, or a state agency that has legal custody of a child.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-309 effective October 19, 1993 (Supp. 93-4). New Section R9-6-708 renumbered from R9-6-707 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-709. Renumbered

Historical Note

Former Section R9-6-115, Paragraph (6), renumbered and amended as R9-6-709 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-310 effective October 19, 1993 (Supp. 93-4).

R9-6-710. Renumbered

Historical Note

Former Section R9-115, Paragraph (7), renumbered and amended as R9-6-710 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-311 effective October 19, 1993 (Supp. 93-4).

R9-6-711. Renumbered

Historical Note

Former Section R9-6-115, Paragraph (8), renumbered and amended as R9-6-711 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-313 effective October 19, 1993 (Supp. 93-4).

R9-6-712. Renumbered

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-315 effective October 19, 1993 (Supp. 93-4).

R9-6-713. Renumbered

Historical Note

Former Section R9-6-115, Paragraph (9), renumbered and amended as R9-6-713 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-316 effective October 19, 1993 (Supp. 93-4).

R9-6-714. Renumbered

Historical Note

Former Section R9-6-115, Paragraph (10), renumbered and amended as R9-6-714 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-317 effective October 19, 1993 (Supp. 93-4).

R9-6-715. Renumbered

Historical Note

Former Section R9-6-115, Paragraph (11), renumbered and amended as R9-6-715 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-319 effective October 19, 1993 (Supp. 93-4).

R9-6-716. Renumbered

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-320 effective October 19, 1993 (Supp. 93-4).

R9-6-717. Renumbered

Historical Note

Former Section R9-6-115, Paragraph (12), renumbered and amended as R9-6-717 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-321 effective October 19, 1993 (Supp. 93-4).

R9-6-718. Renumbered

Historical Note

Former Section R9-6-115, Paragraph (13), renumbered and amended as R9-6-718 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-322 effective October 19, 1993 (Supp. 93-4).

R9-6-719. Renumbered

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1) Renumbered to Section R9-6-323 effective October 19, 1993 (Supp. 93-4).

R9-6-720. Renumbered

Historical Note

Former Section R9-6-115, Paragraph (14), renumbered and amended as R9-6-720 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-324 effective October 19, 1993 (Supp. 93-4).

R9-6-721. Renumbered

Historical Note

Former Section R9-6-115, Paragraph (15), renumbered and amended as R9-6-721 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-325 effective October 19, 1993 (Supp. 93-4).

R9-6-722. Renumbered

Historical Note

Former Section R9-6-115, Paragraph (18), renumbered and amended as R9-6-722 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-327 effective October 19, 1993 (Supp. 93-4).

R9-6-723. Renumbered

Historical Note

Former Section R9-6-115, Paragraph (16), renumbered and amended as R9-6-723 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-330 effective October 19, 1993 (Supp. 93-4).

R9-6-724. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (17), renumbered and amended as R9-6-724 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-331 effective October 19, 1993 (Supp. 93-4).

R9-6-725. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-332 effective October 19, 1993 (Supp. 93-4).

R9-6-726. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-333 effective October 19, 1993 (Supp. 93-4).

R9-6-727. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-334 effective October 19, 1993 (Supp. 93-4).

R9-6-728. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (19), renumbered and amended as R9-6-728 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-335 effective October 19, 1993 (Supp. 93-4).

R9-6-729. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (20), renumbered and amended as R9-6-729 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-336 effective October 19, 1993 (Supp. 93-4).

R9-6-730. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (21), renumbered and amended as R9-6-730 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-337 effective October 19, 1993 (Supp. 93-4).

R9-6-731. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (22), renumbered and amended as R9-6-731 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-338 effective October 19, 1993 (Supp. 93-4).

R9-6-732. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (23), renumbered and amended as R9-6-732 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-339 effective October 19, 1993 (Supp. 93-4).

R9-6-733. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (45), renumbered and amended as R9-6-733 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-340 effective October 19, 1993 (Supp. 93-4).

R9-6-734. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (24), renumbered and amended as R9-6-734 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-341 effective October 19, 1993 (Supp. 93-4).

R9-6-735. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (25), renumbered and amended as R9-6-735 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-342 effective October 19, 1993 (Supp. 93-4).

R9-6-736. Renumbered

Historical Note
Former R9-6-115, Paragraph (26), renumbered and amended as R9-6-736 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-343 effective October 19, 1993 (Supp. 93-4).

R9-6-737. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-344 effective October 19, 1993 (Supp. 93-4).

R9-6-738. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (27), renumbered and amended as R9-6-738 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-345 effective October 19, 1993 (Supp. 93-4).

R9-6-739. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-346 effective October 19, 1993 (Supp. 93-4).

R9-6-740. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (28), renumbered and amended as R9-6-740 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-347 effective October 19, 1993 (Supp. 93-4).

R9-6-741. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (29), renumbered and amended as R9-6-741 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-348 effective October 19, 1993 (Supp. 93-4).

R9-6-742. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (30), renumbered and amended as R9-6-742 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-349 effective October 19, 1993 (Supp. 93-4).

R9-6-743. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (31), renumbered and amended as R9-6-743 effective January 28, 1987

(Supp. 87-1). Renumbered to Section R9-6-350 effective October 19, 1993 (Supp. 93-4).

R9-6-744. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (32), renumbered and amended as R9-6-744 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-351 effective October 19, 1993 (Supp. 93-4).

R9-6-745. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (33), renumbered and amended as R9-6-745 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-352 effective October 19, 1993 (Supp. 93-4).

R9-6-746. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (34.) renumbered and amended as R9-6-746 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-353 effective October 19, 1993 (Supp. 93-4).

R9-6-747. Repealed

Historical Note
Former Section R9-6-115, Paragraph (35), renumbered and amended as R9-6-747 effective January 28, 1987 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-748. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (36), renumbered and amended as R9-6-748 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-354 effective October 19, 1993 (Supp. 93-4).

R9-6-749. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (37), renumbered and amended as R9-6-749 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-355 effective October 19, 1993 (Supp. 93-4).

R9-6-750. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (38), renumbered and amended as R9-6-750 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-356 effective October 19, 1993 (Supp. 93-4).

R9-6-751. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (39), renumbered and amended as R9-6-751 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-358 effective October 19, 1993 (Supp. 93-4).

R9-6-752. Renumbered

Historical Note
Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-359 effective October 19, 1993 (Supp. 93-4).

R9-6-753. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (40), renumbered and amended as R9-6-753 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-360 effective October 19, 1993 (Supp. 93-4).

R9-6-754. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (41), renumbered and amended as R9-6-754 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-361 effective October 19, 1993 (Supp. 93-4).

R9-6-755. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (42), renumbered and amended as R9-6-755 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-362 effective October 19, 1993 (Supp. 93-4).

R9-6-756. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (43), renumbered and amended as R9-6-756 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-363 effective October 19, 1993 (Supp. 93-4).

R9-6-757. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (44), renumbered and amended as R9-6-757 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-364 effective October 19, 1993 (Supp. 93-4).

R9-6-758. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (4), renumbered and amended as R9-6-758 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-365 effective October 19, 1993 (Supp. 93-4).

R9-6-759. Renumbered

Historical Note
Former Section R9-6-115, Paragraph (46), renumbered and amended as R9-6-759 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-366 effective October 19, 1993 (Supp. 93-4).

ARTICLE 8. ASSAULTS ON OFFICERS, FIREFIGHTERS, OR EMERGENCY MEDICAL TECHNICIANS

New Article 8, consisting of Sections R9-6-801 through R9-6-803, made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).

R9-6-801. Definitions

In this Article, unless otherwise specified:

1. "Agency" means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
2. "Agent" means a virus or bacterium that causes a disease or syndrome in a human.
3. "Average window period" means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.

4. "Chief medical officer" means the senior health care provider or that individual's designee who is also a health care provider.
5. "Emergency medical technician" means one of the following who is named as the victim of a subject's assault in a petition filed under A.R.S. § 13-1210 and granted by a court:
   a. A "basic emergency medical technician," defined in A.R.S. § 36-2201;
   b. An "emergency paramedic," defined in A.R.S. § 36-2201; or
   c. An "intermediate emergency medical technician," defined in A.R.S. § 36-2201.
6. "Employer" means an individual in the senior leadership position with the agency or entity for which the officer, firefighter, or emergency medical technician works or that individual's designee.
7. "Entity" has the same meaning as "person" in A.R.S. § 1-215.
8. "Facility" means an institution in which a subject is incarcerated or detained.
9. "Firefighter" means an individual who is a member of a state, federal, tribal, city, county, district, or private fire department and who is named as the victim of a subject's assault in a petition filed under A.R.S. § 13-1210 and granted by a court.
10. "Health care provider" means:
    a. An individual licensed as a doctor of:
       i. Allopathic medicine under A.R.S. Title 32, Chapter 13;
       ii. Naturopathic medicine under A.R.S. Title 32, Chapter 15;
       iii. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
       iv. Homeopathic medicine under A.R.S. Title 32, Chapter 29;
    b. A physician assistant, as defined in A.R.S. § 32-2501;
    c. A registered nurse, as defined in A.R.S. § 32-1601; or
    d. A registered nurse practitioner, as defined in A.R.S. § 32-1601.
11. "Laboratory report" means a document, produced by a laboratory that conducts a test or tests on a subject's blood, that shows the outcome of each test and includes personal identifying information about the subject.
12. "Medical examiner" means an individual:
    a. Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-591, or
    b. Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.
13. "Occupational health care provider" means a health care provider who provides medical services for work-related health conditions for an agency or entity for which an officer, firefighter, or emergency medical technician works.
14. "Officer" means a law enforcement officer, probation officer, surveillance officer, correctional service officer, detention officer, or private prison security officer who is named as the victim of a subject's assault in a petition filed under A.R.S. § 13-1210 and granted by a court.
15. "Officer in charge" means the individual in the senior leadership position or that individual's designee.
16. "Personal notice" means informing an individual by speaking directly to the individual while physically present with the individual.
17. "Petition" means a formal written application to a court requesting judicial action on a matter.
18. "Subject" means an individual:
    a. Whom a court orders, under A.R.S. § 13-1210, to provide samples of blood for testing; or
    b. From whom, under A.R.S. § 13-1210, a medical examiner draws samples of blood for testing.
19. "Telephonic notice" means informing an individual by speaking directly to the individual on the telephone, but does not include a message left on a recording device or with another individual.
20. "Test results" means information about the outcome of a laboratory analysis and does not include personal identifying information about the subject.
21. "Written notice" means a document that:
    a. Describes each test result;
    b. Identifies a subject only by court docket number; and
    c. Is provided to an individual:
       i. In person,
       ii. By delivery service,
       iii. By facsimile transmission,
       iv. By electronic mail, or
       v. By mail.
22. "Work" means to labor with or without compensation.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989. Amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Emergency amendment readopted without change effective October 17, 1989 (Supp. 89-4). Amended effective September 19, 1990 (Supp. 90-3). Renumbered to R9-6-401 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).

R9-6-802. Notice of Test Results; Subject Incarcerated or Detained

A. Within 30 days after the date of receipt of a laboratory report for a test ordered by a health care provider on a subject's blood, the health care provider shall provide:
   1. A copy of the laboratory report to the chief medical officer of the facility in person, by delivery service, by facsimile transmission, or by mail; and
   2. Written notice to the occupational health care provider.

B. Within 30 days after the date of receipt of a laboratory report, the chief medical officer of the facility shall provide:
   1. Personal notice, telephonic notice, or written notice to the subject;

2. If requested by the subject, a copy of the laboratory report in person, by delivery service, by facsimile transmission, or by mail to the subject; and
3. Personal notice, telephonic notice, or written notice to the officer in charge of the facility.

C. Within 30 days after the date of receipt of written notice, the occupational health care provider shall provide personal notice, telephonic notice, or written notice to the officer, firefighter, or emergency medical technician and the employer.

D. An individual who provides notice to a subject, officer, firefighter, or emergency medical technician as required under subsection (B) or (C) shall describe the test results and provide or arrange for the subject, officer, firefighter, or emergency medical technician to receive the following information about each agent for which the subject was tested:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;
3. The average window period for the agent;
4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
6. That it is necessary to notify others that they may be or may have been exposed to the agent by the individual receiving notice;
7. The availability of assistance from local health agencies or other resources; and
8. The confidential nature of the subject's test results.

E. An individual who provides notice to the employer or the officer in charge of the facility as required under subsection (B) or (C) shall describe the test results and provide or arrange for the employer or the officer in charge of the facility to receive the following information about each agent for which the subject's test results indicate the presence of infection:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;
3. Measures to reduce the likelihood of transmitting the agent to others;
4. The availability of assistance from local health agencies or other resources; and
5. The confidential nature of the subject's test results.

F. An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the chief medical officer of the facility or the subject.

G. An individual who provides notice under this Section shall protect the confidentiality of the subject's personal identifying information and test results.

H. A health care provider who orders a test on a subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered to R9-6-402 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).

R9-6-803. Notice of Test Results; Subject Not Incarcerated or Detained

A. Within 30 days after the date of receipt of a laboratory report for a test ordered by a health care provider on a subject's blood, the health care provider shall provide:
1. Unless the subject is deceased, personal notice, telephonic notice, or written notice to the subject;
2. If requested by the subject, a copy of the laboratory report in person, by delivery service, by facsimile transmission, or by mail to the subject; and
3. Written notice to the occupational health care provider.

B. Within 30 days after the date of receipt of written notice, the occupational health care provider shall provide personal notice, telephonic notice, or written notice to the officer, firefighter, or emergency medical technician and the employer.

C. An individual who provides notice to a subject, officer, firefighter, or emergency medical technician as required under subsection (A) or (B) shall describe the test results and provide or arrange for the subject, officer, firefighter, or emergency medical technician to receive the following information about each agent for which the subject was tested:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;
3. The average window period for the agent;
4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
6. That it is necessary to notify others of the possibility of exposure to the agent by the individual receiving notice;
7. The availability of assistance from local health agencies or other resources; and
8. The confidential nature of the subject's test results.

D. An individual who provides notice to the employer as required under subsection (B) shall describe the test results and provide or arrange for the employer to receive the following information about each agent for which the subject's test results indicate the presence of infection:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;

3. Measures to reduce the likelihood of transmitting the agent to others;
4. The availability of assistance from local health agencies or other resources; and
5. The confidential nature of the subject's test results.

E. An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the subject.

F. An individual who provides notice under this Section shall protect the confidentiality of the subject's personal identifying information and test results.

G. A health care provider who orders a test on a subject's blood may, at the time the subject is seen by the health care provider, present the subject with a telephone number and instruct the subject to contact the health care provider after a stated period of time for telephonic notice of the test results. Providing a telephone number and instructions as allowed by this subsection does not satisfy the health care provider's obligation to notify under subsection (A) if the subject does not contact the health care provider and receive telephonic notice.

H. A health care provider who orders a test on a subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered to R9-6-403 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).

R9-6-804. Renumbered

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (A) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-404 effective October 19, 1993 (Supp. 93-4).

R9-6-805. Renumbered

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (B), Paragraph (2) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-405 effective October 19, 1993 (Supp. 93-4).

R9-6-806. Renumbered

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Renumbered to R9-6-406 effective October 19, 1993 (Supp. 93-4).

R9-6-807. Renumbered

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Emergency not renewed. Former Section R9-6-808 renumbered as Section R9-6-807, amended, and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (C) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-407 effective October 19, 1993 (Supp. 93-4).

R9-6-808. Renumbered

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Former Section R9-6-809 renumbered as Section R9-6-

808, amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-408 effective October 19, 1993 (Supp. 93-4).

ARTICLE 9. HIV-RELATED TESTING

R9-6-901. Definitions

In this Article, unless otherwise specified:

1. "Health professional" has the same meaning as "health care provider" in A.R.S. § 36-661.
2. "Hospital" means a health care institution licensed by the Department as a general hospital, a rural general hospital, or a special hospital under 9 A.A.C. 10.
3. "Informed consent" means permission to conduct an HIV-related test obtained from a subject who has capacity to consent or an individual authorized by law to consent for a subject without capacity to consent after an explanation that complies with A.R.S. § 36-663(B).

Historical Note

New Section made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-902. Consent for HIV-related Testing

A. An individual ordering an HIV-related test shall obtain consent for the test, unless the test has been ordered by a court under A.R.S. §§ 8-341, 13-1210, or 13-1415 or falls under A.R.S. § 36-663(D).

1. If the test is ordered in a hospital, the individual ordering the test shall obtain written informed consent as specified in subsection (B).
2. If the test is ordered outside a hospital by a physician, a registered nurse practitioner, or a physician's assistant, the individual ordering the test shall obtain either written informed consent as specified in subsection (B) or oral informed consent.
3. If the test is ordered outside a hospital by a health professional licensed under A.R.S. Title 32, but not listed in subsection (A)(2), who is authorized to provide HIV-related tests within the health professional's scope of practice, the individual ordering the test shall obtain written informed consent as specified in subsection (B).
4. If the HIV-related test is performed anonymously, the individual ordering the test shall obtain oral consent and shall not make a record containing personal identifying information about the subject.

B. An individual obtaining written, informed consent for an HIV-related test shall use the form shown in Exhibit A (English) or Exhibit B (Spanish).

1. Except as described in subsection (A)(4), an individual using the consent form may add the following information in the Identifying Information section of the form:
   a. The subject's name and identifying number,
   b. Facility identifying information,
   c. Facility processing codes,
   d. The subject's race and ethnicity,
   e. The subject's address, and
   f. The subject's date of birth and sex.
2. This form may be reproduced to accommodate a multiple copy or carbonless form.

Historical Note

Section renumbered from R9-6-409 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

EXHIBIT A. CONSENT FOR HIV-RELATED TESTING

Consent for HIV-related Testing

Information on HIV

The Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV is spread through the exchange of blood (including transfusion) or sexual fluids (semen and vaginal secretions) and sometimes through breast milk. HIV can be transmitted from mother to baby during pregnancy or childbirth.

HIV-related Testing

There are several laboratory tests for HIV. The most common is the antibody test, which is a blood test that detects antibodies produced by the body in response to infection with HIV.

A positive antibody test consists of a repeatedly reactive (the same specimen testing positive twice) enzyme immunoassay (EIA) and a reactive Western blot or other confirmatory test. A positive antibody test means that an individual is infected with HIV; however, this does not always mean that the individual has AIDS. Research indicates that early and regular medical care is important to the health of an individual with HIV. Certain treatments are now available to treat HIV-associated illnesses.

A negative antibody test indicates that no detectable antibodies are present in the blood. An individual may not have antibodies because the individual is not infected with HIV or because detectable antibodies have not yet been made in response to infection. The production of these antibodies could take 3 months or longer. Therefore, in certain cases, an individual may be infected with HIV and yet test negative. Individuals with a history of HIV risk behaviors within the past 3 to 6 months should consider retesting.

Like any test, HIV-related testing is not accurate 100% of the time and may occasionally produce both false positive and false negative results.

Means to Reduce Risk for Contracting or Spreading HIV

Risk of contracting or spreading HIV can be reduced by avoiding or decreasing contact with blood and sexual fluids (semen and vaginal secretions). Some methods of decreasing the risk of contracting or spreading HIV include abstaining from sexual intercourse, using methods that limit exposure to body fluids during intercourse (such as the proper use of condoms), not engaging in injecting drug use, not sharing needles, or using bleach and water to clean needles and syringes. The use of certain medications by an HIV-infected woman during pregnancy may reduce the chances of HIV transmission from mother to child.

Disclosure of Test Results

I understand that if the HIV test results are positive, the physician or facility representative conducting the test will make reasonable efforts to notify me of the results at the address or phone number I have provided, and will provide or arrange for counseling as required by Arizona state laws and regulations regarding (1) HIV, (2) AIDS, and (3) appropriate precautions to reduce the likelihood of transmission of the virus to others. I agree to assume all risks that may result if I cannot be contacted.

I understand that Arizona law and regulations require that if my test results are positive, they will be submitted to local and state health departments. Information received by these health departments may only be released: (1) if there is written authorization from the individual being tested, (2) for statistical purposes without individual identifying information, or (3) as otherwise required or allowed by law.

Identifying Information

I also understand that the physician or facility may report to the Arizona Department of Health Services identifiable 3rd parties such as a spouse or sex partner who may be at risk of contracting the virus if I do not release this information. Finally, I understand that the test results may be placed in a medical record kept by the facility or person administering the test and that persons involved in providing or paying for my health care may have access to that information.

Additional Sources of Information on HIV

Additional information regarding testing for HIV is available through your county health department and, in the Phoenix metropolitan area, (602) 234-2752, the Tucson metropolitan area, (520) 791-7676, or outside the Phoenix area, 1-800-334-1540. National Hotline: English, 1-800-342-2437; Spanish, 1-800-344-7432; TTY/TDD, 1-800-243-7012.

Consent

I have been given the opportunity to ask questions regarding this information and have had my questions answered to my satisfaction. I understand that this test can be performed anonymously at a public health agency. I also understand that I may withdraw my consent at any time before a blood sample is taken in order to conduct a test, and that I may be asked to put my decision to withdraw my consent in writing if I have signed this consent. I also understand that this is a voluntary test and that I have a right to refuse to be tested.

My signature below indicates that I have received and understand the information I have been given and voluntarily consent to and request HIV-related testing.

_____
Patient/Subject Name (Printed)

_____
Patient/Subject or Legal Representative Signature

_____
Date

_____
Witness

NOTICE

The Arizona Department of Health Services does not discriminate on the basis of disability in the administration of its programs and services as prescribed by Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. If you need this publication in an alternative format, please contact the ADHS Office of HIV/STD Services at (602) 230-5819 or 1-800-367-8939 (state TDD/TTY Relay).

ADHS2002

Historical Note

Exhibit A renumbered from Article 4, Exhibit A and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

EXHIBIT B. CONSENTIMIENTO PARA LA PRUEBA DE VIH

Consentimiento Para la Prueba de VIH
Información sobre el VIH
El virus de Inmunodeficiencia Humana (VIH) es el virus que causa el Sindrome de Inmunodeficiencia Adquirida (SIDA). VIH se transmite a través del contacto con sangre (incluyendo la transfusión) o fluídos sexuales (semen y secreciones vaginales) y en algunas ocaciones a través de la leche materna. VIH puede ser transmitido de la madre al bebé durante el embarazo o al momento del parto.
La prueba del VIH
Existen pruebas de laboratorio para saber si una persona está infectada con el VIH. La más común es la prueba de anticuerpos. Esta es un exámen de sangre que detecta los anticuerpos producidos por el cuerpo al reaccionar contra la infección por VIH.
Un examen de anticuerpos positivo consiste de una prueba por inmunoanálisis enzimático (EIA) (realizada dos veces en cada espécimen) y una prueba reactiva por Western Blot u otras pruebas confirmatorias. El resultado positivo a la prueba de anticuerpos quiere decir que el individuo está infectado con el VIH; sin embargo, esto no siempre quiere decir que el individuo tenga el SIDA. Investigaciones médicas señalan que atención médica temprana y contínua es importante para la salud de una persona con el VIH. Hoy en día se disponc de tratamientos para retardar las enfermedades asociadas con el SIDA.
Un exámen de anticuerpos negativo indica que no se han detectado anticuerpos en la sangre. Un individuo puede no tener anticuerpos por que el individuo no está infectado(a) o porque aún no se han producido suficientes anticuerpos contra la infección. Estos anticuerpos pueden tardar tres meses o más para ser producidos. De tal manera, en ciertos casos, un individuo puede estar infectado con el VIH y su prueba resultar negativa. Los individuos que han tenido comportamiento de alto riesgo en los últimos tres a seis meses deberían pensar en repetir la prueba.
Como cualquier prueba, la prueba del VIH no es 100% segura y en alguna ocasión puede producir resultados falsos ya sea positivos o negativos.
Maneras de reducir el riesgo de infección o transmisión del VIH
El riesgo de contraer o transmitir el VIH se puede reducir al evitar contacto con la sangre y fluídos sexuales (semen y secreciones vaginales). Algunos métodos para disminuir el riesgo de infección o transmisión del VIH incluyen: abstinecia sexual, usar métodos que limitan el contacto de fluídos corporales durante la relaciones sexuales (como el uso correcto de condones), no usar drogas intravenosas, no compartir agujas, y usar "cloro" (blanqueador) y agua para limpiar las jeringas y las agujas. En mujeres infectadas con VIH, el uso de ciertos medicamentos durante el embarazo, puede reducir el riesgo del transmissión del VIH de madre a hijo.
El resultado de la prueba
Entiendo que si el resultado de la prueba del VIH es positivo, el doctor o el representante de la institución que hizo el exámen va a hacer esfuerzos suficientes para notificarme del resultado a la dirección (domicilio) o al teléfono que he proporcionado y que me dará información, cumpliendo con los requisitos de la ley estatal de Arizona, sobre (1) el VIH, (2) el SIDA, y (3) las precauciones necesarias para reducir la posibilidad de transmisión del virus a otras personas. Estoy de acuerdo en asumir todos los riesgos que resultarán de no poder contactarme.
Entiendo que la ley estatal de Arizona exige que si el resultado de mi prueba es positivo, éste se reportará a los departamentos de salud local y estatal. La información que estos departamentos reciben solamente puede ser revelada a otras personas: (1) si hay una autorización por escrito de la persona que se ha hecho la prueba, (2) por razones de estudios estadísticos sin revelar la identidad del individuo, o (3) por

Identifying Information/Datos de Identidad

cualquier otra razón que la ley permita.
También entiendo que el doctor o la institución puede reportar al Departamento de Salud del Estado de Arizona, la identidad de terceras personas como: los esposos(as) o los compañeros(as) sexuales que pueden estar en riesgo de contraer con el virus si decido no darles esta información. Por último, entiendo que el resultado de la prueba puede guardarse con el resto de mi información médica en la agencia o por la persona que hizo el examen; y que las personas encargadas de proveer o pagar por el cuidado de mi salud pueden tener acceso a esta información.
Otras fuentes de información sobre el VIH
Información adicional sobre el examen del VIH está disponible a través del departamento de salud de su condado. En el área metropolitana de Phoenix llame al (602) 234-2752, en el área metropolitana de Tucson (520) 791-7676 , y en el resto de Arizona 1-800-334-1540. Líneas telefónicas a nivel nacional son: en inglés 1-800-342-2437; en español 1-800-344-7432. (TTY/TDD) Transmisión de voz 1-800-243-7012.
Consentimiento
Se me ha dado la oportunidad de hacer preguntas respecto a esta información y me han sido contestadas satisfactoriamente. Entiendo que este exámen se puede hacer de forma anónima en una agencia de salud pública. También entiendo que puedo retirar mi consentimiento en cualquier momento antes de que me saquen la sangre para hacer la prueba y que me pueden pedir que ponga por escrito mi decisión de retirar mi consentimiento si ya habiá firmado este permiso. Entiendo también que este exámen es voluntario y que tengo el derecho a negarme a que se me haga la prueba.
Mi firma indica que he recibido y he entendido la información que se me ha proporcionado y que voluntariamente autorizo y solicito la prueba del VIH.

_____
Nombre del paciente (letra imprenta)

_____
Firma del paciente o de su representante legal

_____
Fecha

_____
Testigo

AVISO

El Departamento de Salud del Estado de Arizona no discrimina basado en los impedimentos de las personas en la administración de los progamas y sevicios ordenado por la ley de 1990: Americanos con Impedimentos, Título II y la Sección 504 de la ley de Rehabilitación de 1973. Si usted necesita esta publicación por otros medios de comunicación, favor ponerse en cantacto con el Departamento de Salud del Estado de Arizona, Oficina de Servicios de VIH/ETS al 1-800-842-4681 (transmisión de voz estatal) or 1-800-367-8939 (transmisión TDD/TYY estatal).

ADHS2002

Historical Note
Exhibit B renumbered from Article 4, Exhibit B and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-903. Court-ordered HIV-related Testing

A. An individual who tests a specimen of blood or another body fluid to detect HIV antibody under court order issued under A.R.S. §§ 8-341 or 13-1415 shall use a test licensed by the United States Food and Drug Administration for use in HIV screening. If a specimen is reactive two or more times according to the test manufacturer's recommendations, the individual shall retest the specimen using a licensed supplemental or confirmatory assay or as recommended by the original test manufacturer's package insert.

B. The individual shall report each test result for each subject directly to the Department.

Historical Note

Section renumbered from R9-6-410 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).